

Name
in
Full

Infant Bean

CERTIFICATE OF DEATH

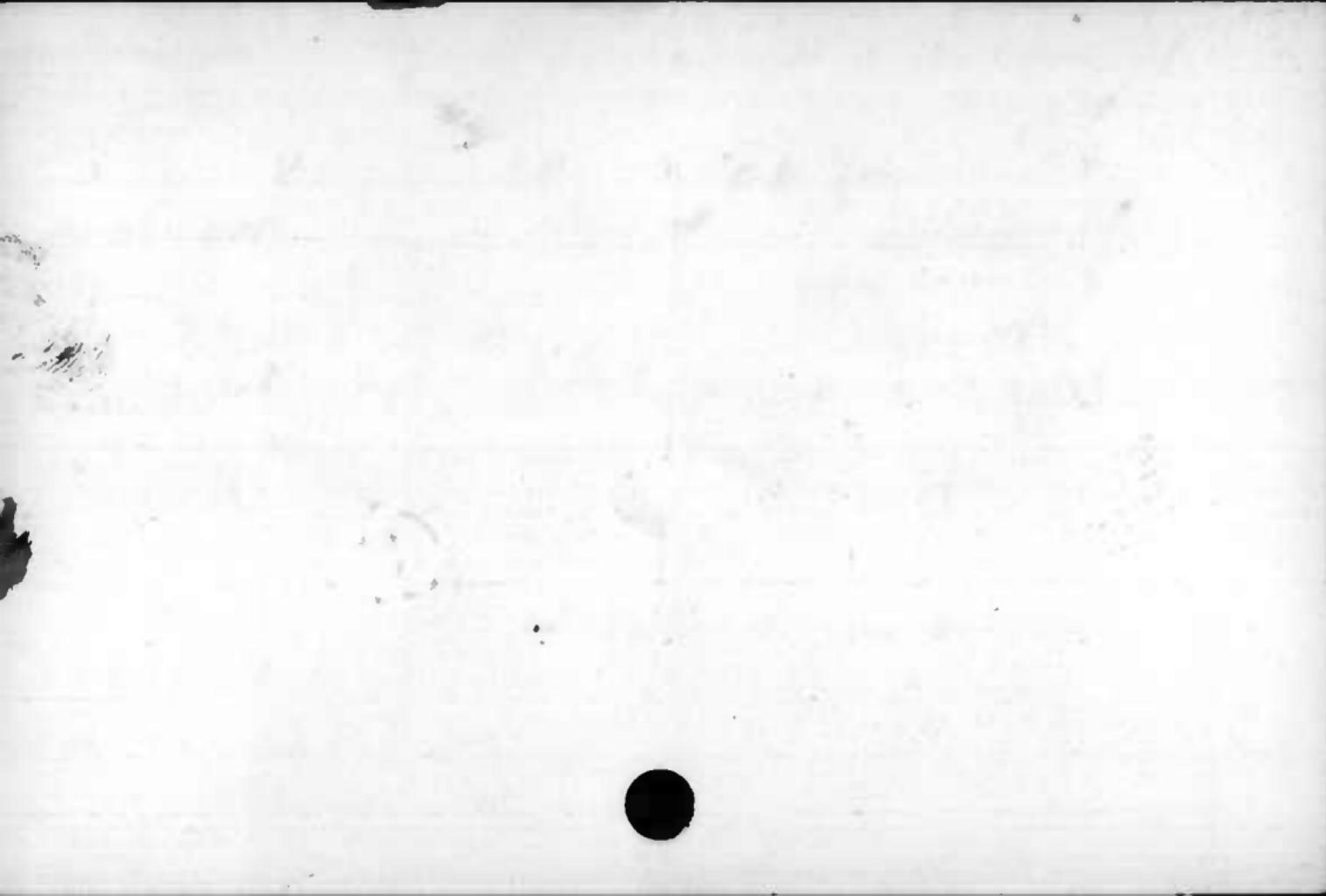
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 3	Day 25	Years -	Months -	Days -
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	None	Where Residing if not at place of death				
Married, Single	Single	Name of Wife or Husband				
Father's Name	William O'Bean					Father's Birthplace
Mother's Maiden Name	Clara Brown					Mother's Birthplace
Name of person giving information	William O'Bean					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pressure on cord		(S)	How long
Immediate	Still Born		(S)	How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John E. Sandbury
			Address	Forestville
Accident or suicide?		neither		Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Heinrich A Boteler

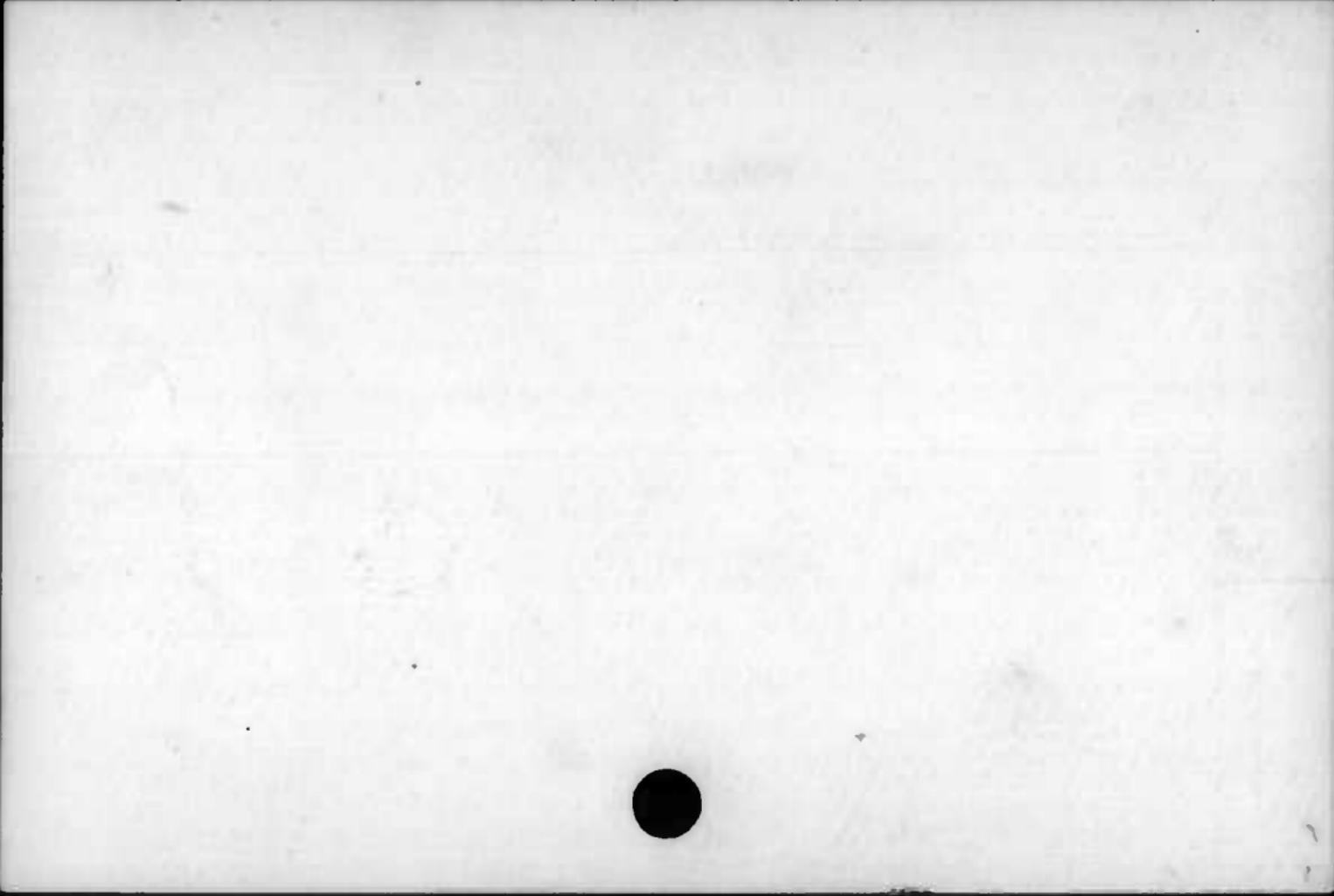
CERTIFICATE OF DEATH

Died at <u>Hyattsville</u>		Town <u>Hyattsville</u> County <u>Prince George's</u>		MARYLAND			
Date of death <u>1908</u>	Month <u>March</u>	Day <u>20</u>	Years <u>70</u>	Age <u>70</u>	Months <u>4</u>	Days <u>11</u>	
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James E Boteler</u>						
Father's Name <u>Michael Lawson</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Harriet Thompson</u>	Mother's Birthplace <u>"</u>						
Name of person giving information <u>J E Boteler</u>	How related to deceased <u>Husband</u>						

CAUSES OF DEATH

27

Primary <u>Pulmonary tuberculosis</u>	How long
Immediate <u>In gaip</u>	How long <u>13 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>yes</u>	<u>Thos E. Shadney M.D.</u>
Address	<u>Hyattsville</u>
Accident or Suicide? <u>No</u>	<u>MD</u>



Name

in
Full

James F. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
1908 March	10	Age	4	Months	Days
Male	Color or Race	Blonde		bed	
House	Occupation	At home			
Married, Single or Widowed	Name of Wife or Husband				
Thomas Brown		Father's Birthplace	bed		
Lizzie Fletcher		Mother's Birthplace	bed		
James Brown		How related to deceased	father		

CAUSES OF DEATH

(10)

PHYSICIAN
OR CORONER

Primary

Influenza

How long

1 week

Immediate

Heart failure

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. S. Weaving
Clinton

Accident or Suicide?

1000 ft. southward
and downward
the water is
clearer and deeper

Name

In
Full

William J. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town <i>Hyattsville</i>	County <i>Prince George</i>	MARYLAND
Date of death	Month <i>March</i>	Day <i>11</i>	Years <i>74</i>
Age	2	Months	Days <i>22</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>N.Y. City</i>	
Occupation <i>Retired merchant</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Caroline E. Brown</i>	Father's Birthplace <i>Ashdown</i>	
Father's Name <i>William Brown</i>	Mother's Birthplace <i>N. Jersey</i>		
Mother's Maiden Name <i>Juliet Wood</i>	How related to deceased <i>Son</i>		
Name of person giving information <i>JMC Brown</i>			

CAUSES OF DEATH

79

How long

6 years

How long

48 hours

PHYSICIAN
OR CORONER

Primary

Mitral regurgitation

Immediate

Cardiac dilatation

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*Dr. W. M. Whittemore**Hyattsville Md*

Accident or Suicide?

Neither



Name
in
Full

Hermay Butler.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Negro	Birth-place	Silvers	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Unknown	Father's Birthplace	Unknown			
Mother's Maiden Name	Mary Magdalene Butler	Mother's Birthplace	Mary County			
Name of person giving Information	Clarence Edward Butler	How related to deceased	Uncle			

CAUSES OF DEATH

93

How long

How long

PHYSICIAN
OR CORONER

Primary
Pneumonia.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

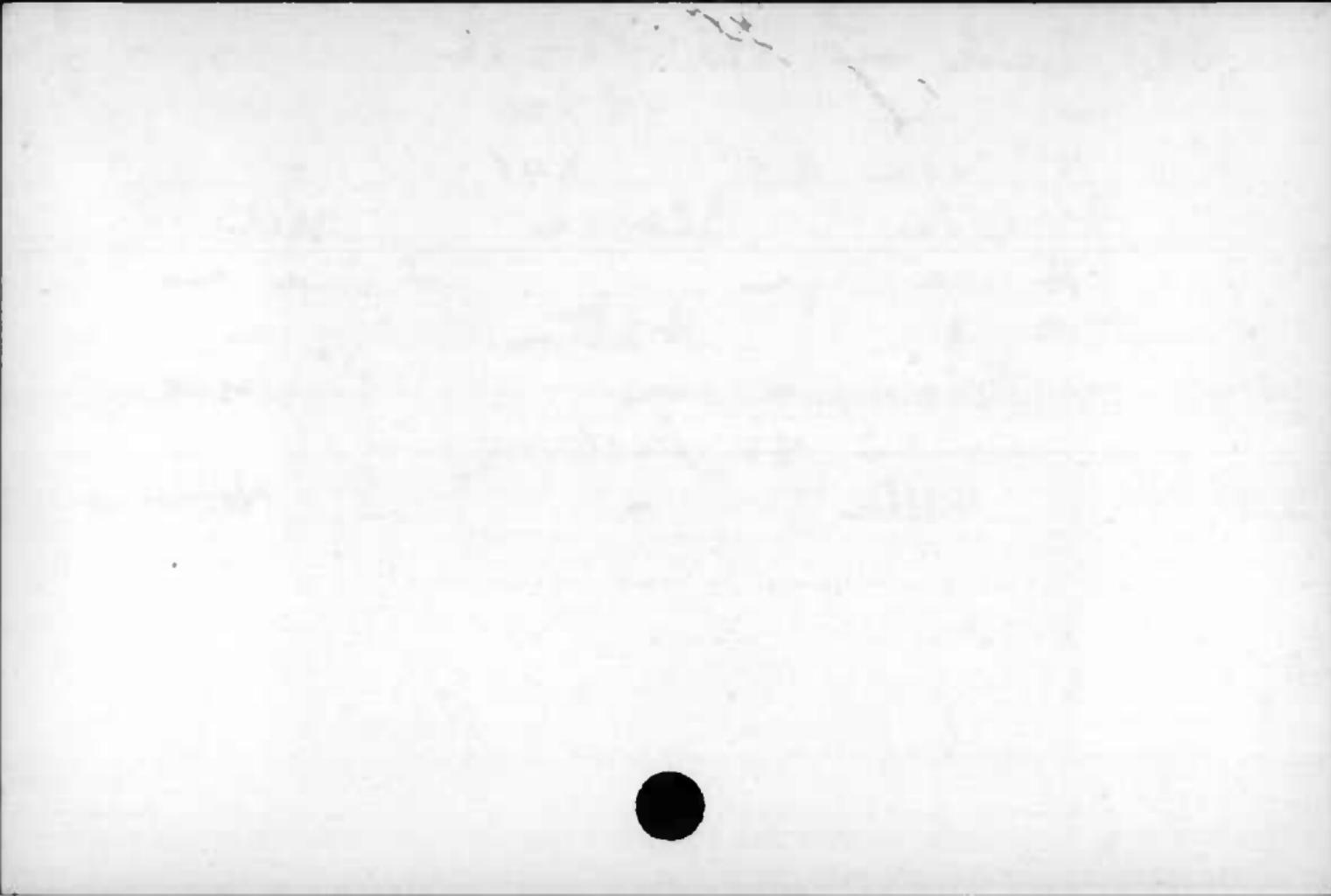
Signature of Physician

Address

No physician was in attendance.

E.S. Huff, Picaway, Md.
Local Board of Health LIBRARY BUREAU A88616

Accident or Suicide?



Name
in
Full

Mariah L. Colver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at	Laura	P. S. 20	
Date of death	Month	Day	Years
1908	Mar	29	Age 41
Sex	Female	Color or Race	Black
Occupation	House Wife	Where Residing if not at place of death	Laura
Married, <input checked="" type="checkbox"/> Widower	2 yrs	Name of Wife or Husband	Halter Colver
Father's Name	Elias Bacon	Father's Birthplace	Ma
Mother's Maiden Name	Dollie A. Jackson	Mother's Birthplace	
Name of person giving Information	Halter Colver	How related to deceased	Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

(10)

How long

6 mo

How long

3 days

Primary

Sp. grippe -
pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

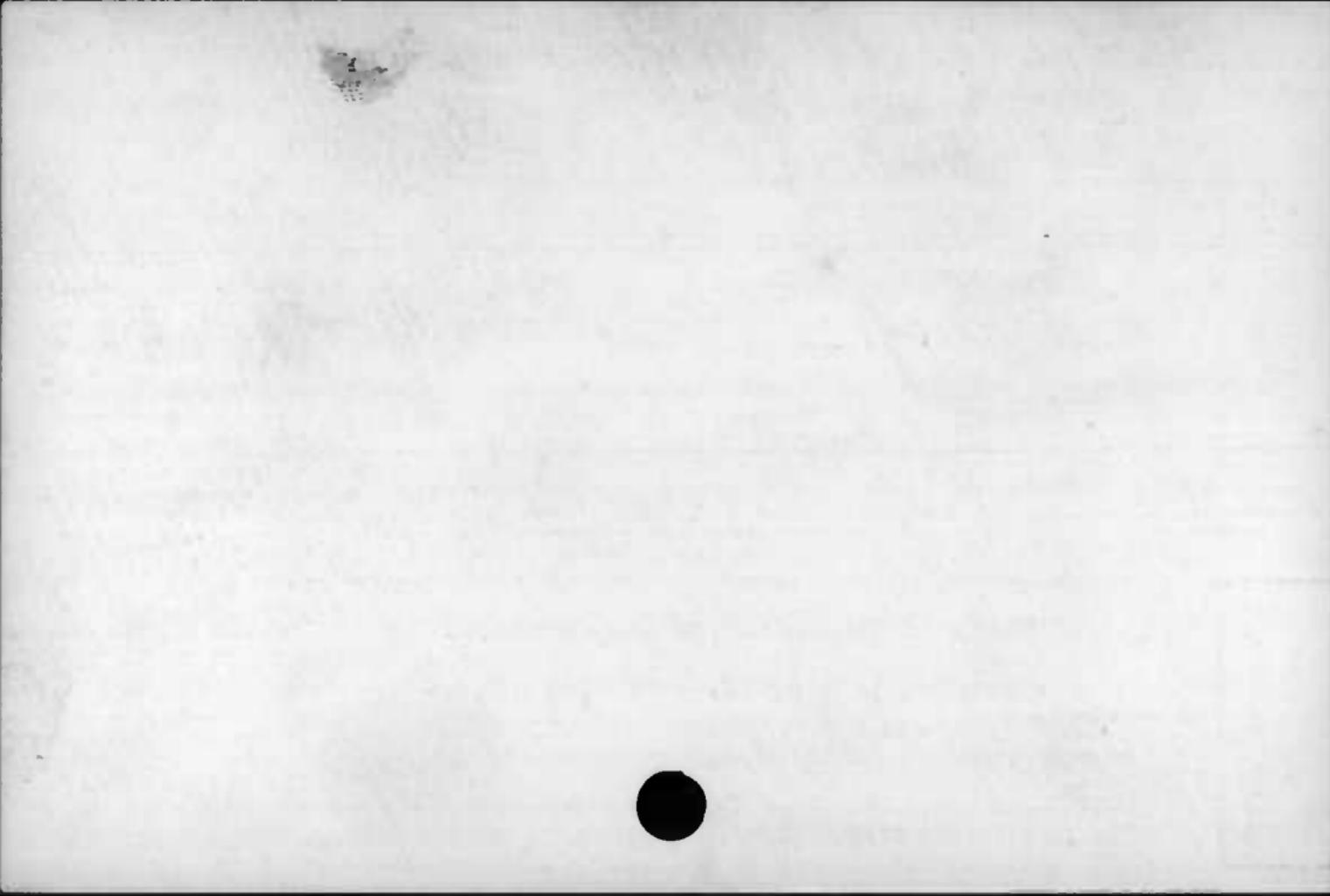
Signature of Physician

Address

J. D. Dickey
Sacred Heart

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rebecca Hawkins Connick						CERTIFICATE OF DEATH	
Died at	Town	County			MARYLAND		
Date of death 1908	Month March	Day 28	Years 72	Months —		Days —	
Sex Female	Color or Race White				Birth-place Aquasco Md		
Occupation Housewife	Where Residing if not at place of death						
Married, Single or Widowed Widow	Name of Wife or Husband Columbus F Connick				Father's Birthplace Aquasco Md		
Father's Name Albert Scott				Mother's Birthplace Aquasco Md			
Mother's Maiden Name Elizabeth Boller				How related to deceased Son			
Name of person giving information R. M. Connick							
CAUSES OF DEATH							
Primary Organic heart disease				79			
Immediate Heart failure				How long Two yrs.			
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Morton Brown				
		Address	Aquasco Md				
Accident or Suicide? No.							



Name
in
Full

Samuel B. Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	Died at Oxon Hill		County Prince Geo	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Farmer		Where Residing if not at place of death	oxon Hill Md		
Married, Single or Widowed	Name of Wife or Husband		Julia M. Cox	Father's Birthplace	Md	
Father's Name	Agusta Cox			Mother's Birthplace	Md	
Mother's Maiden Name	Catherine Thorn			How related to deceased	Son	
Name of person giving information	Samuel B Cox Jr.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic cystitis & gravel

123

How long

5 years

Immediate Asthma

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

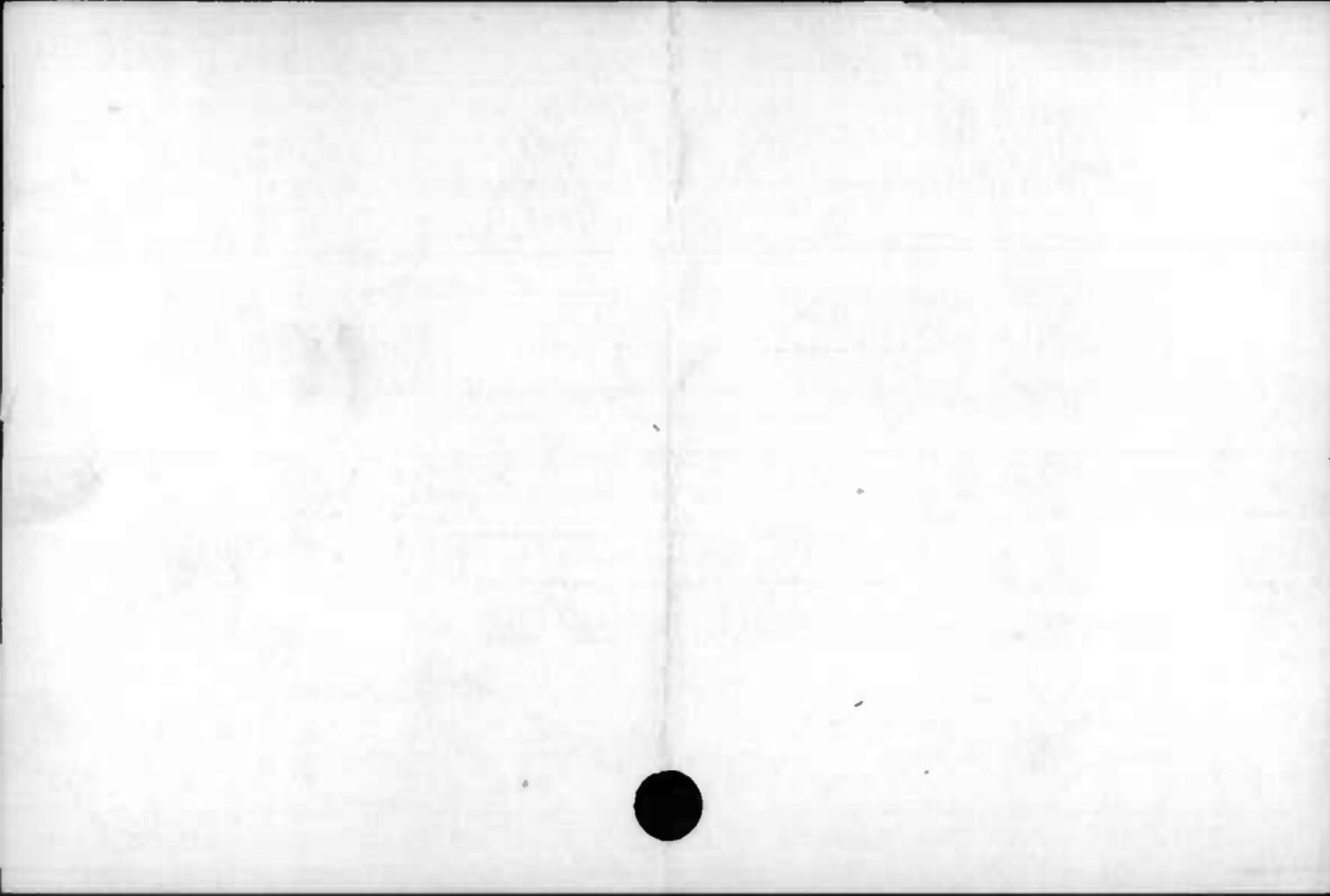
yes

Signature of Physician

Address

J. M. Parker Md.
Congress Heights D.C.

Accident or Suicide?



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John E Grandle

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death 1908	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Elizabeth Grandle				
Father's Name	James A Grandle					
Mother's Maiden Name	Mary Barnetton					
Name of person giving information						

CAUSES OF DEATH

27

How long

How long

Primary

Tuberculosis

6m

Immediate

Dr. Ryals
Laurel, MD

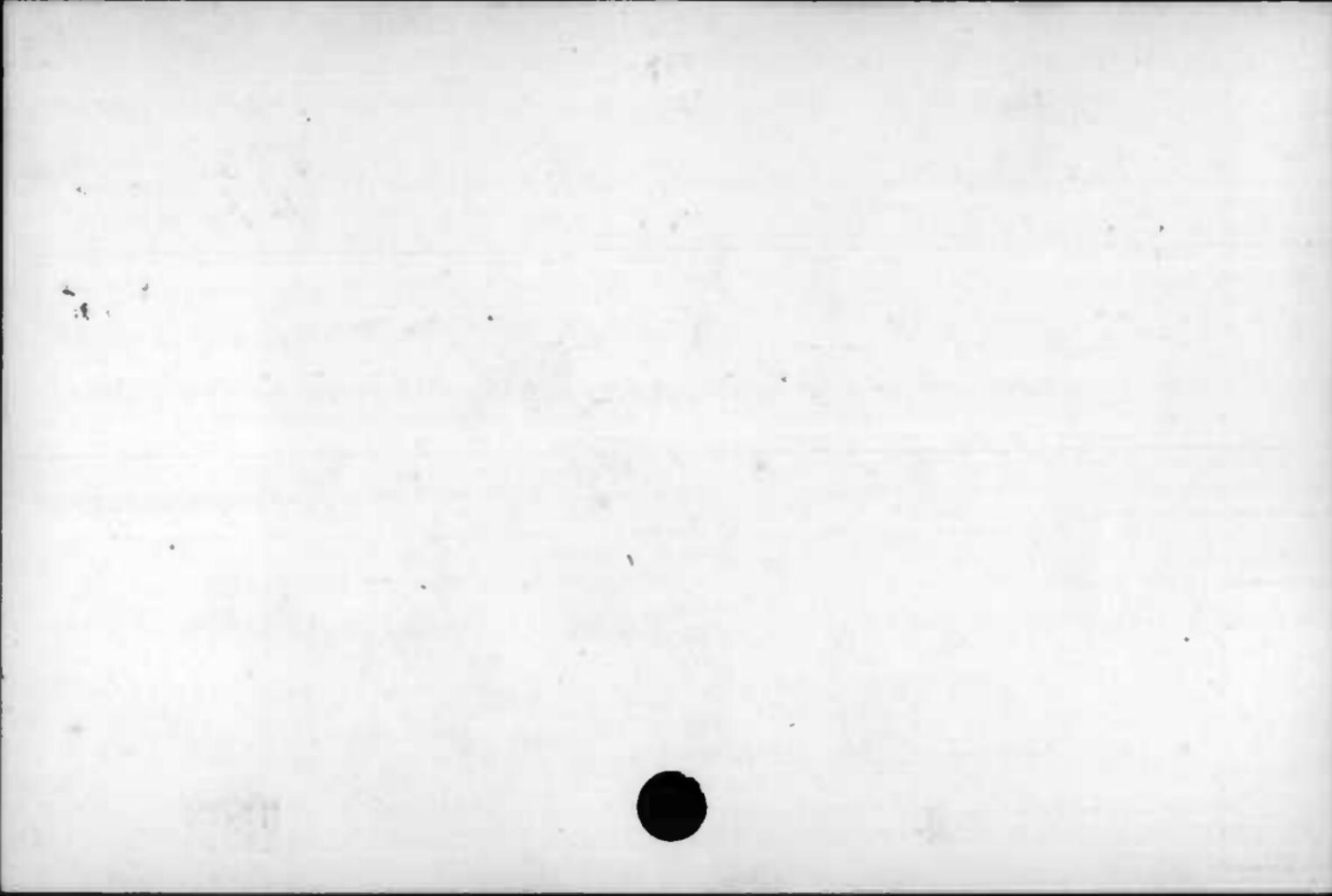
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary Annie Daniels

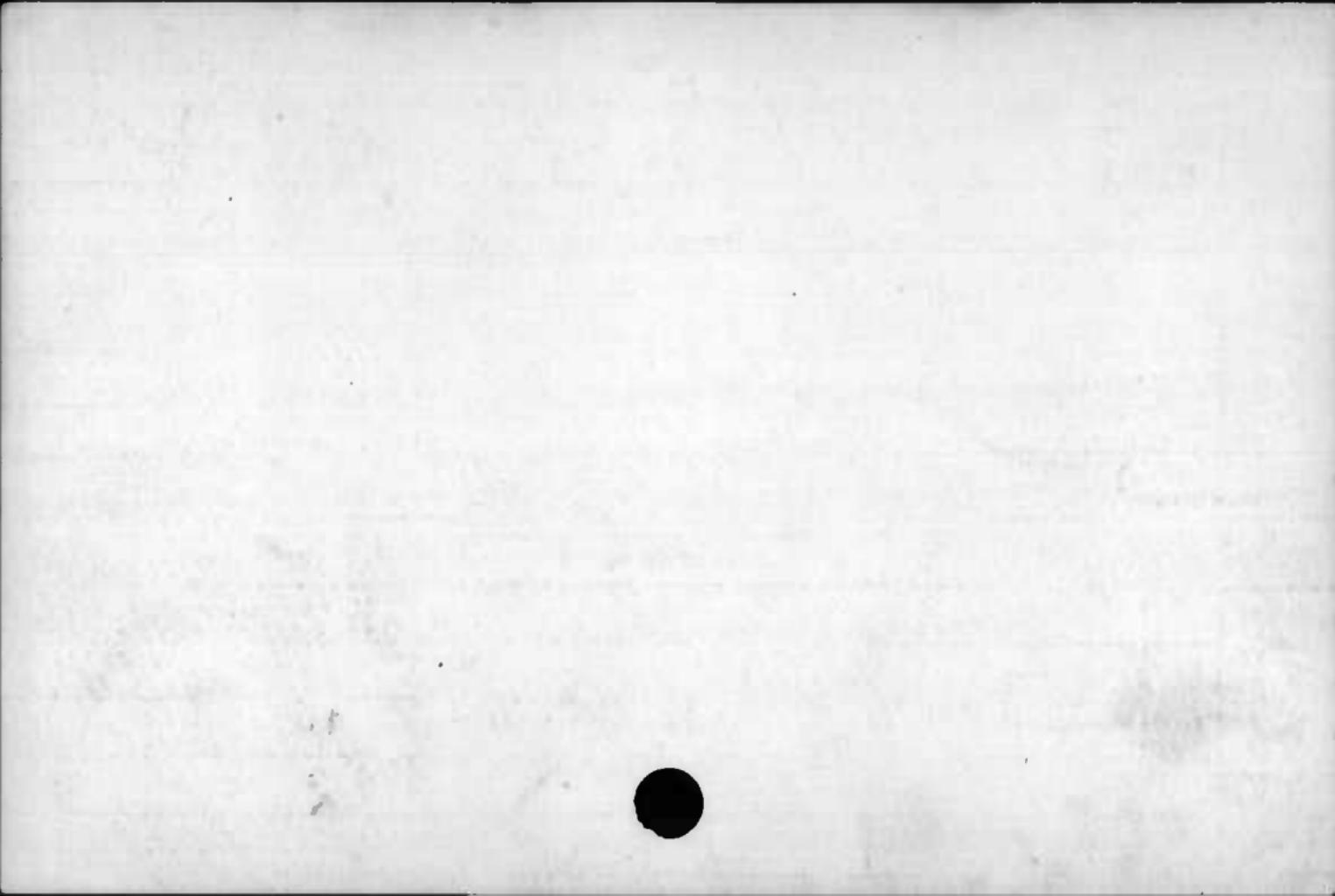
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Nineboro	Prince Georges	Months	Days
Date of death	Month	Day	Years	
1908	March	8	Age	6 26
Sex	Female	Color or Race	Black	Birthplace
Occupation	Infant	Where Residing if not at place of death	" "	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unmarried Infant	
Father's Name	Herman Daniels	Father's Birthplace	Maryland	
Mother's Maiden Name	Jane Carroll	Mother's Birthplace	" "	
Name of person giving information	Herman Daniels	How related to deceased	Father	
CAUSES OF DEATH				
Primary	Convulsion.	71	How long	3 hours
Immediate			How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Benjamin H. Gross
		Address	acting Coroner Seabrook Md
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Howard Soper Douglas.

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Glitors</i>	Town <i>Baltimore</i>	D. Ds. County				
Date of death 1908	Month Mar	Day 29	Years	Months	Days	
Sex male	Color or Race Black			Birth- place Md.		
Occupation None	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Sam Hlonglas				Father's Birthplace <i>Ind</i>		
Mother's Maiden Name unknown				Mother's Birthplace <i>Ind</i>		
Name of person giving Information Sam. Hlonglas				How related to deceased Father		

CAUSES OF DEATH

(8)

PHYSICIAN
OR CORONER

Primary

Whooping Cough.

How long
no doctor in
attendance

Immediate

Convulsions.

How long
L. Waring M.D.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

John Morris Durall

Town

Died at

Laurel

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Date of death 1908	Month March	Day 23	Age 9	Years	Months 11	Days 4
--------------------	-------------	--------	-------	-------	-----------	--------

Sex Male	Color or Race White	Birth-place Md
----------	---------------------	----------------

Occupation Name	Where Residing if not at place of death Laurel
-----------------	--

Married, Single or Widowed Boy	Name of Wife or Husband Mr
--------------------------------	----------------------------

Father's Name George Durall	Father's Birthplace Md
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Mother's Maiden Name Ella Bartley	Mother's Birthplace Ma
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Name of person giving information Mr Bartley	How related to deceased Uncle
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CAUSES OF DEATH

56

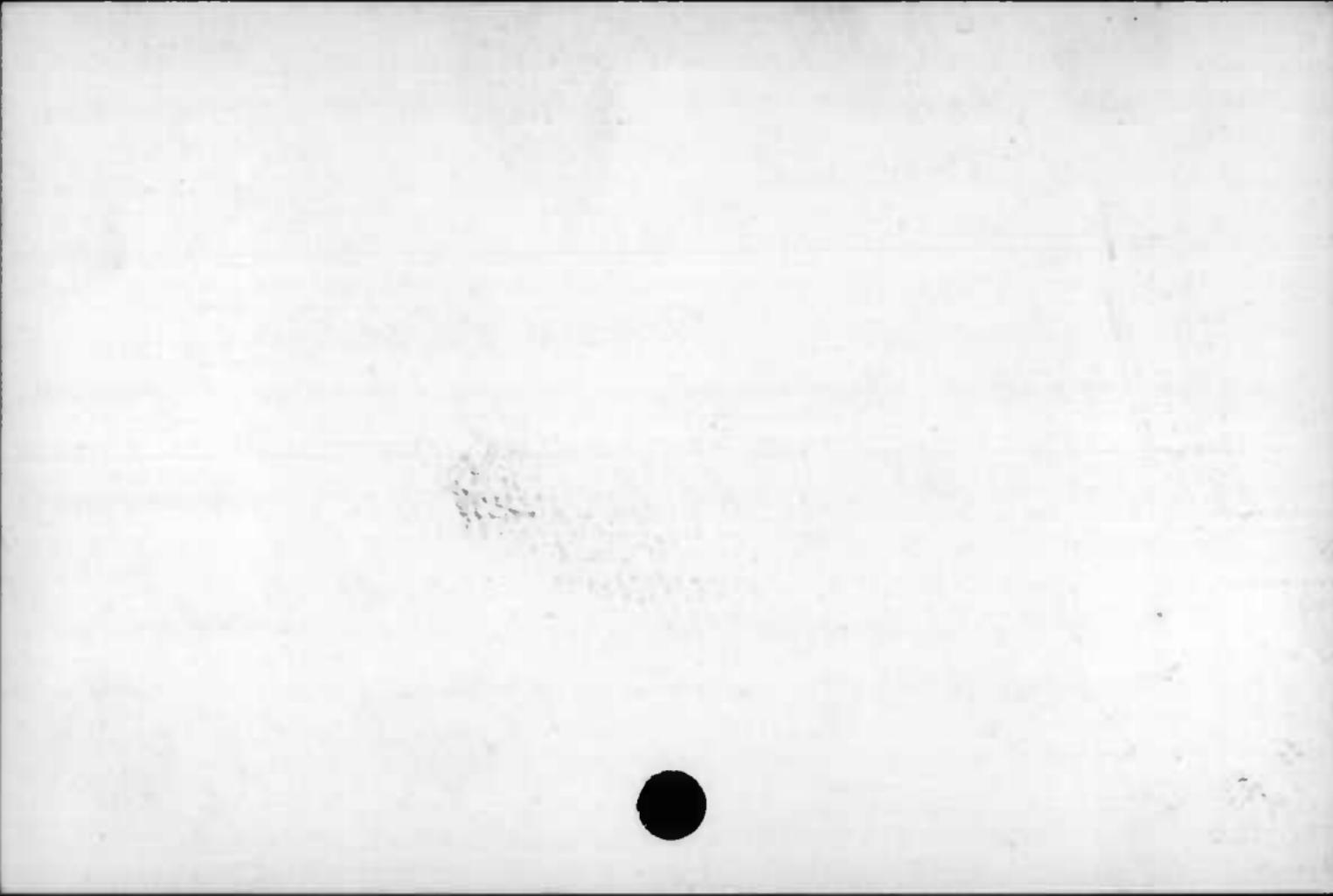
Primary Acute alcoholism	How long 18 hours.
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Immediate Heart failure	How long 2 hours.
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Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician R.C. Horley
---	------------------------------------

	Address Samuel. Md.
--	---------------------

Accident or Suicide? Accident	
-------------------------------	--



Name
in
Full

May Ella Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at Westphalia	Pr Geo		Months	Days	
Date of death 1908	Month March	Day 20	Years 34	Age	
Sex Female	Color or Race Black	Birth-place Pr Geo Md			
Occupation Housekeeper	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Abram Fletcher	Father's Birthplace Pr Geo Md			
Father's Name Philip W. M. Fletcher	Mother's Maiden Name - Don't know	Mother's Birthplace Don't know			
Name of person giving information Abram Fletcher	How related to deceased Husband				

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

Primary

Child birth -

How long

Don't know

Immediate

Strangulation, I think, dead when I arrived

How long

Are the name, age, sex, color, date and place correctly given above?

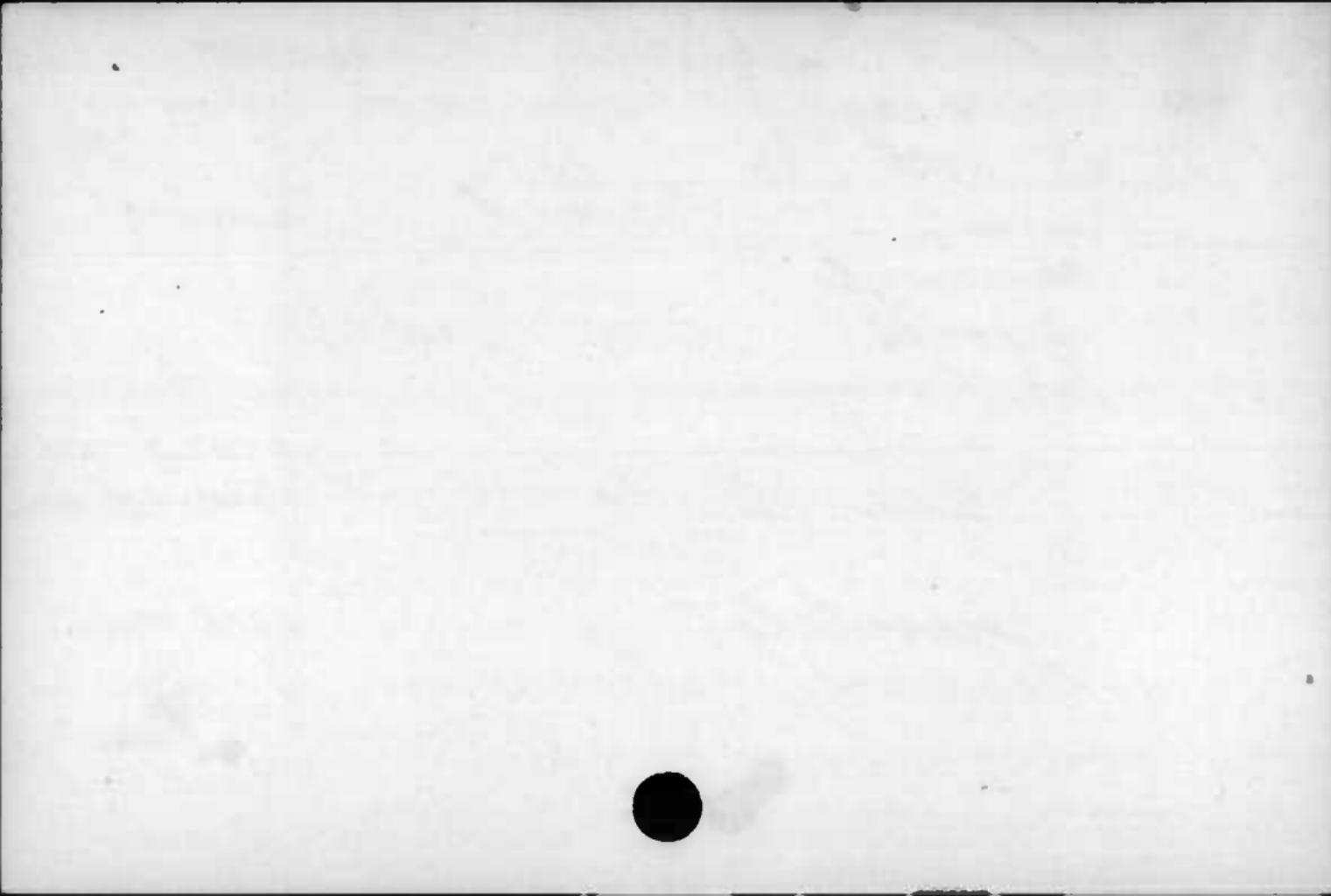
Signature of Physician

Address

L. C. Schiff

Upper Marlboro
Md

Accident or Suicide?



Name
in
Full

Juliett Duckett Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Alex Gross		
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	Zur Gross				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Assault -

1 yr.

Immediate

Gradual Exhaution

3 mos

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

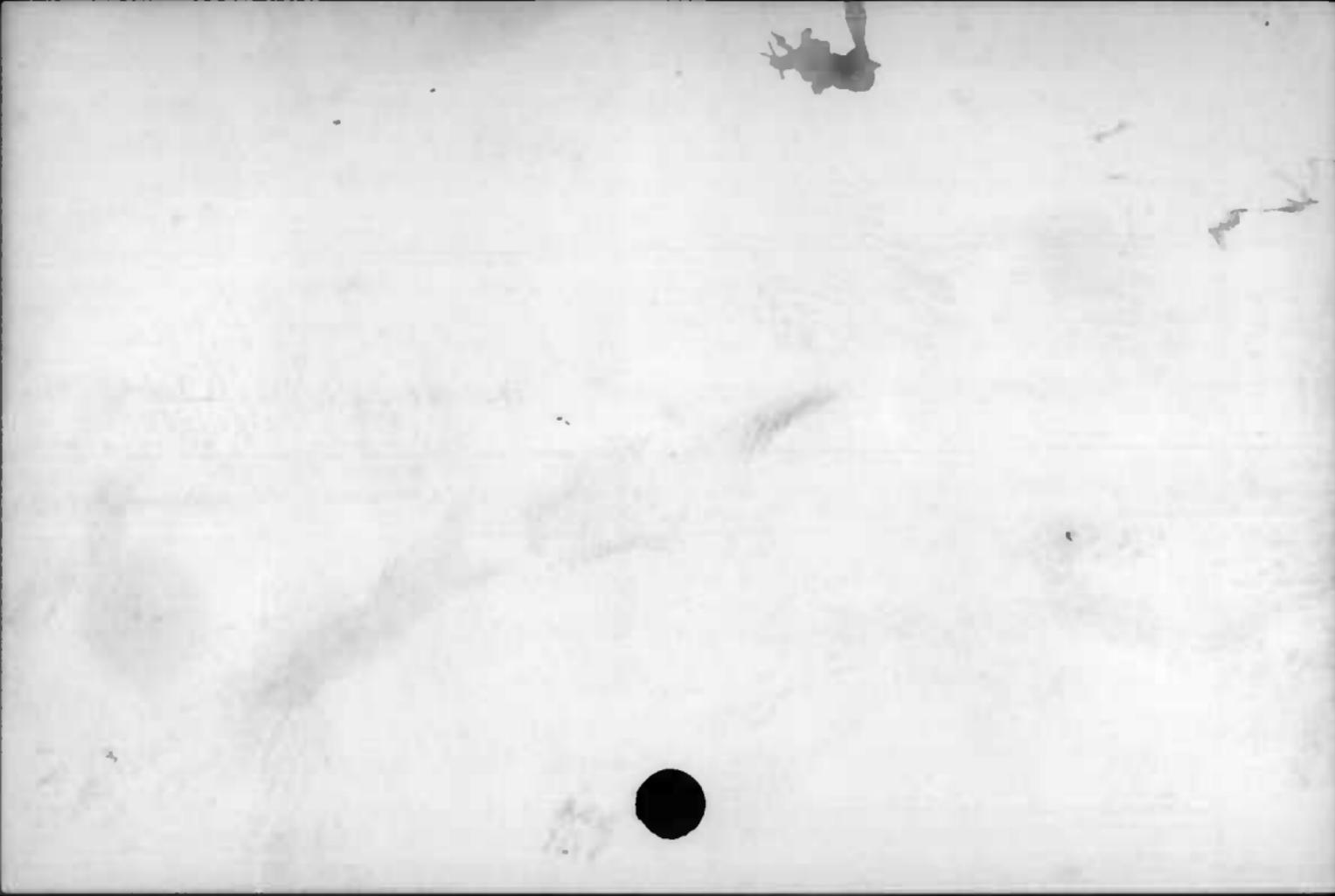
18 Morton Street

Aquasco

Md

Accident or Suicide?

Yes



Name
in
Full

No name Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	colored	Birth-place	Croom Md.
Occupation				Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	Edward Hall			Father's Birthplace	md
Mother's Maiden Name	Mary Agnes Diggst			Mother's Birthplace	md.
Name of person giving information	John Diggst			How related to deceased	grandfather

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Infantile weakness

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

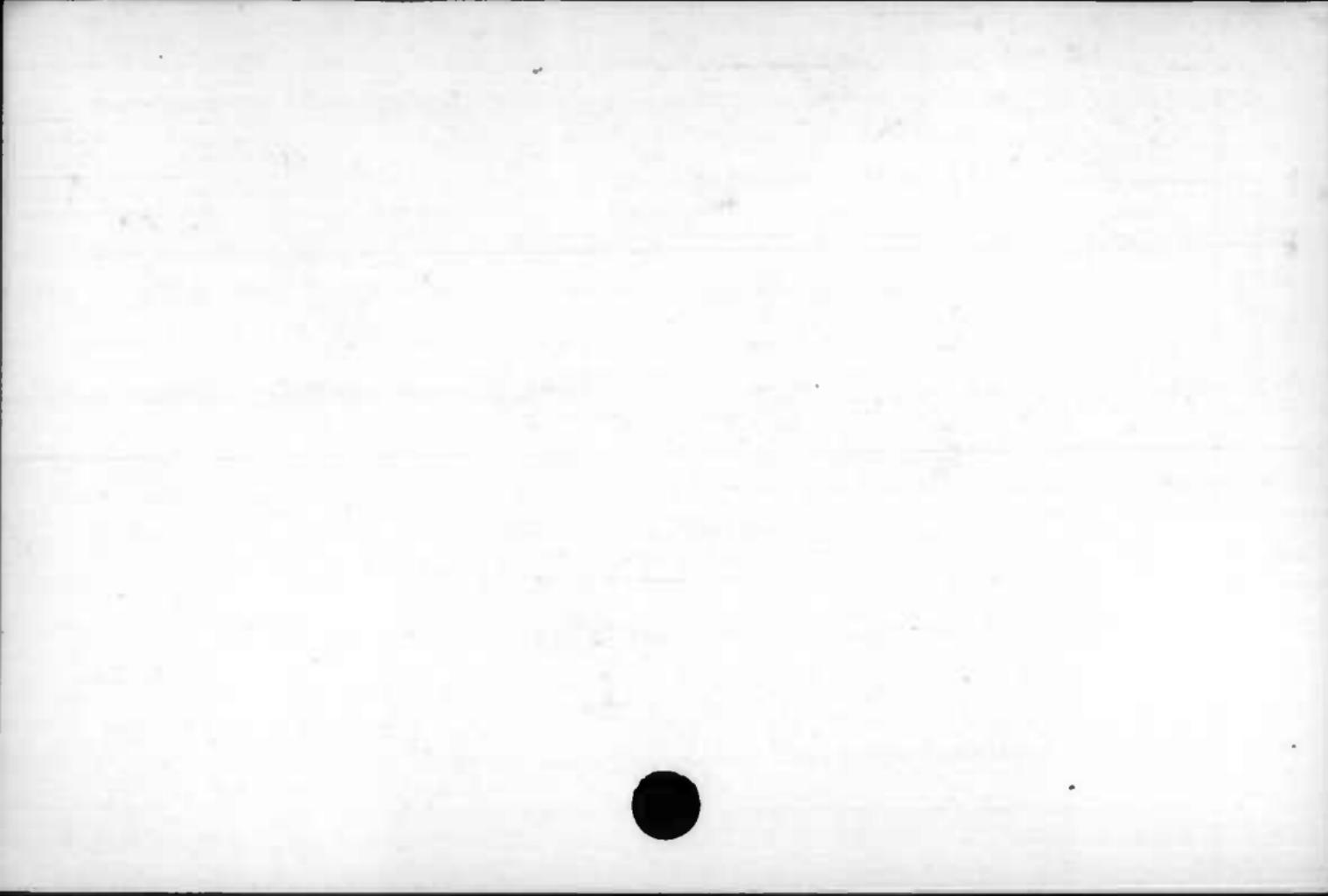
Signature of Physician

Address

Ernest W. Garner
Ad coroner

Northbys, Md.

Accident or Suicide?



Name
in
Full

Samuel W. Hartsock.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Laurel Md</u>		Town <u>Laurel</u> County <u>Laurel</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>18</u>	Age <u>69</u>	Years <u>69</u>	Months <u>4</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Steuben Co., N.Y.</u>				
Occupation <u>Clergyman</u>		Where Residing if not at place of death <u>at</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mary Elizabeth Hartsock</u>					
Father's Name <u>Samuel Hartsock</u>	Father's Birthplace <u>Steuben Co., N.Y.</u>					
Mother's Maiden Name <u>Sydney Mitchell</u>	Mother's Birthplace <u>Lisagro, Penn.</u>					
Name of person giving information <u>J. Lewis Hartsock</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

112

How long

2 yrs.

How long

3 mo.

PHYSICIAN
OR CORONER

Primary

Cirrhosis of Liver

Immediate

Dropsy

Are the name, age, sex, color, date and place correctly given above?

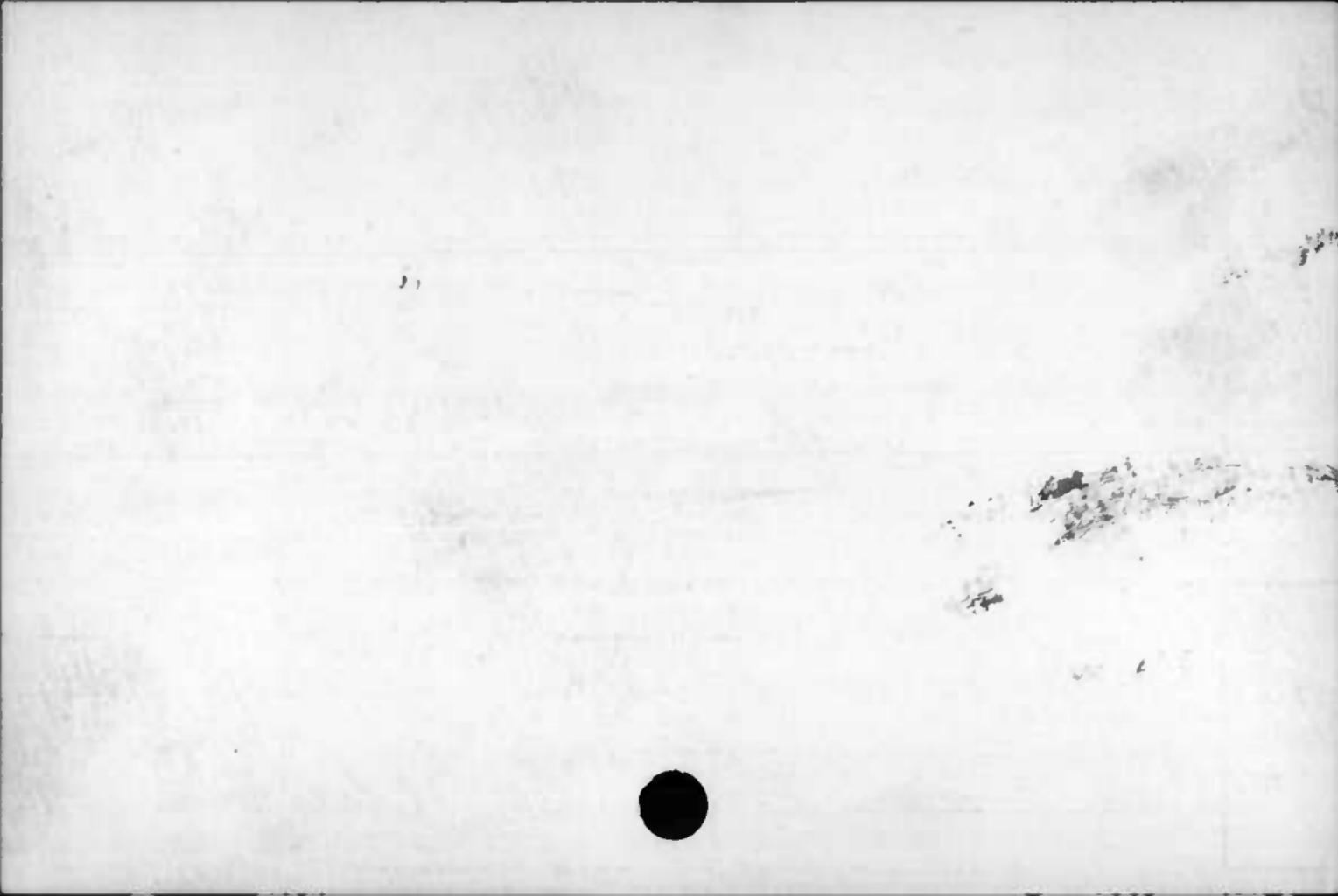
Yes

Signature of Physician

Address

J. R. Hunter M.D.
Laurel
Md

Accident or Suicide?



Name
in
Full

Milton Barkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

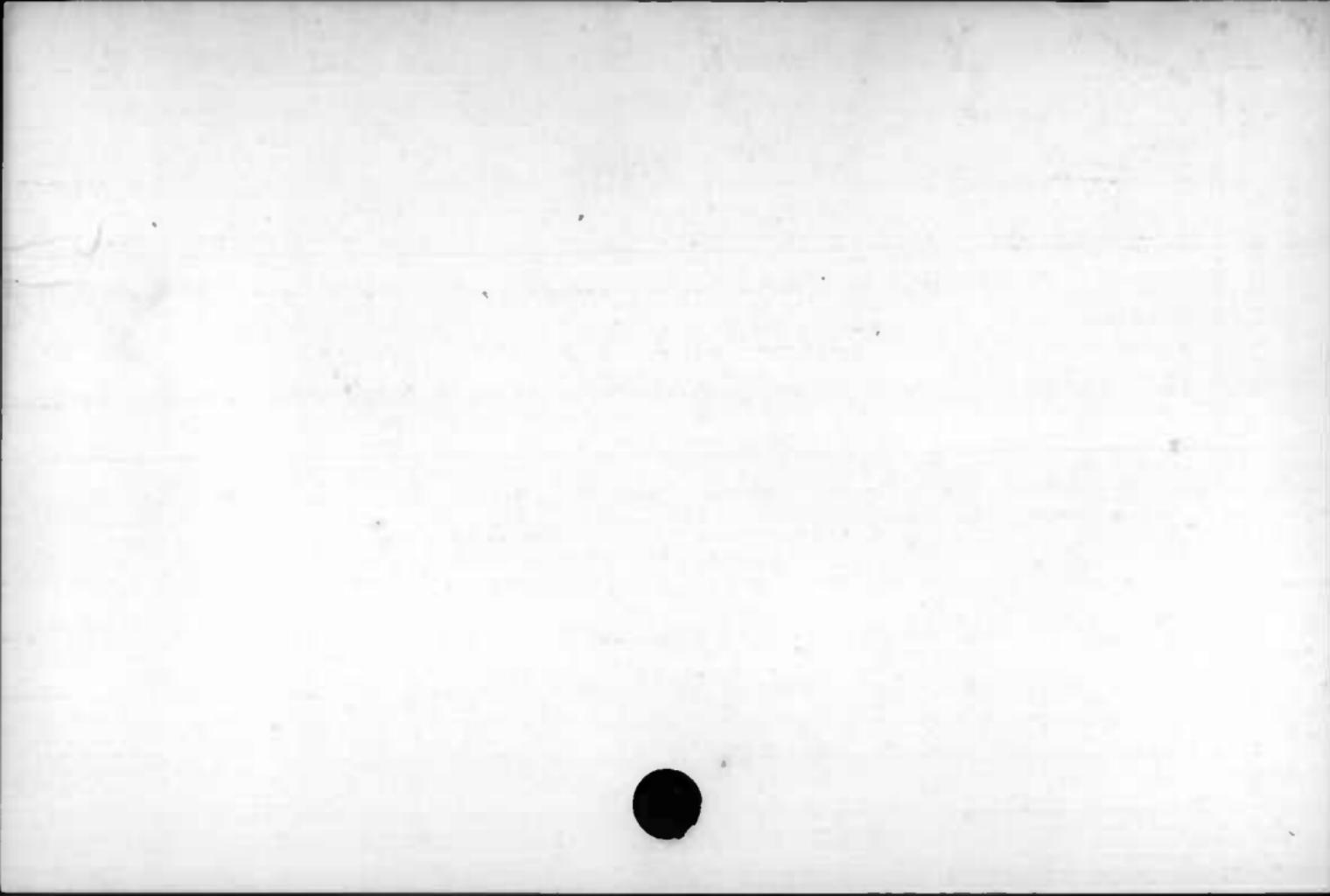
Town	P. O.	County	MARYLAND		
Died at Clinton		P. O.			
Date of death 1908	Month March	Day 17	Years 2 yrs	Months	Days
Sex male	Color or Race Black	Birth-place md			
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name James Barkins	Father's Birthplace md				
Mother's Maiden Name Jackson	Mother's Birthplace unknown				
Name of person giving Information James Barkins	How related to deceased Father				
CAUSES OF DEATH					
Primary	Whooping Cough				
Immediate Convulsions	How long 18 days				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Address		
			J. L. Waring M.D. Clinton, Md		

(8)

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?



Name
in
Full

W^m H. Henson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	New Slatz	Town	County	MARYLAND		
Date of death	1908	Month March	Day 6	Age	Years	Months 5
Sex	Male	Color or Race	Colored	Birth-place	M-d	
Occupation	Child	Where Residing if not at place of death			New Slatz M-d	
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Frederick Hendon			Father's Birthplace	Maryland	
Mother's Maiden Name	Maria L Gross			Mother's Birthplace	M-d	
Name of person giving information	Frederick Henson Jr			How related to deceased	Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

one week

Immediate

Convulsions

2 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Parker M.D.
Congress Heights D.C.

Accident or Suicide?

13

14

Name
in
Full

Henrietta Holliday

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	P. es		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	May	20.	68			
Sex	Female	Color or Race	Black	Birth-place	md.	
Occupation	None	Where residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Jas. Holliday	Father's Birthplace	unknown	
Father's Name	unknown			Mother's Birthplace	unknown	
Mother's Maiden Name	unknown				unknown	
Name of person giving information	Chas. Holliday			How related to deceased	son	

CAUSES OF DEATH

77

How long

6 mos

4 yrs

PHYSICIAN
OR CORONER

Primary

Uremia pericarditis

Immediate

Heart failure

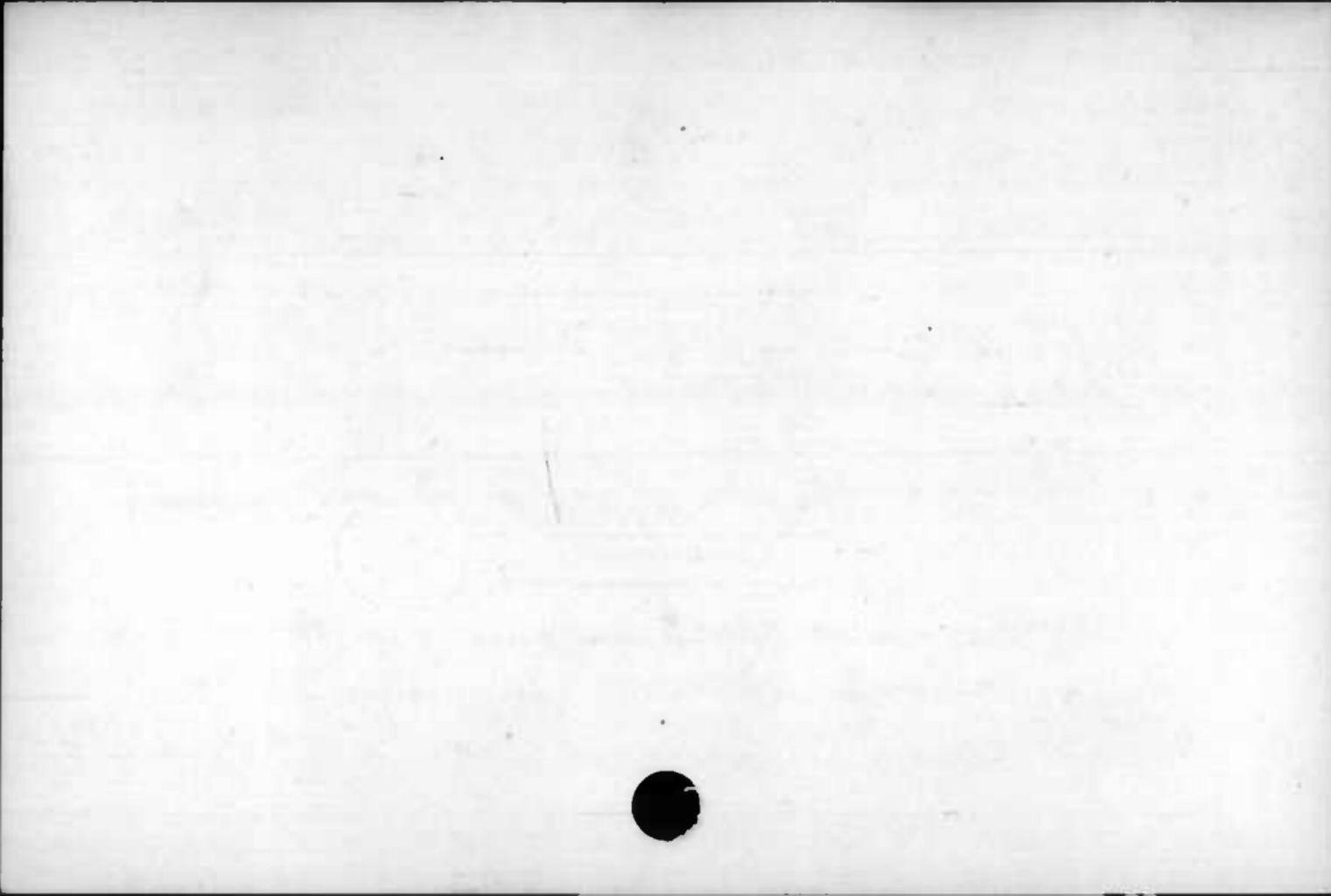
Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

J. L. Baring M.D.
Clinton.
Md.

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sarah Jane Hollyday

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Near Brandywine

Prince George

Date
of death 1908

Month

Day

Years

Months

Days

Mar.

9

0

4

9

Age

Sex

Female

Color or
Race

Colored

Birth-
place

Near Brandywine

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John L. Hollyday

Father's
Birthplace

Near Brandywine

Mother's
Maiden Name

Hattie Greenleaf

Mother's
Birthplace

North Keys

Name of person giving
Information

John L. Hollyday

How related
to deceased

Father

CAUSES OF DEATH

Primary

Extensive burns about body. (heat)

167

long

3 weeks

Immediate

Ex harrastion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

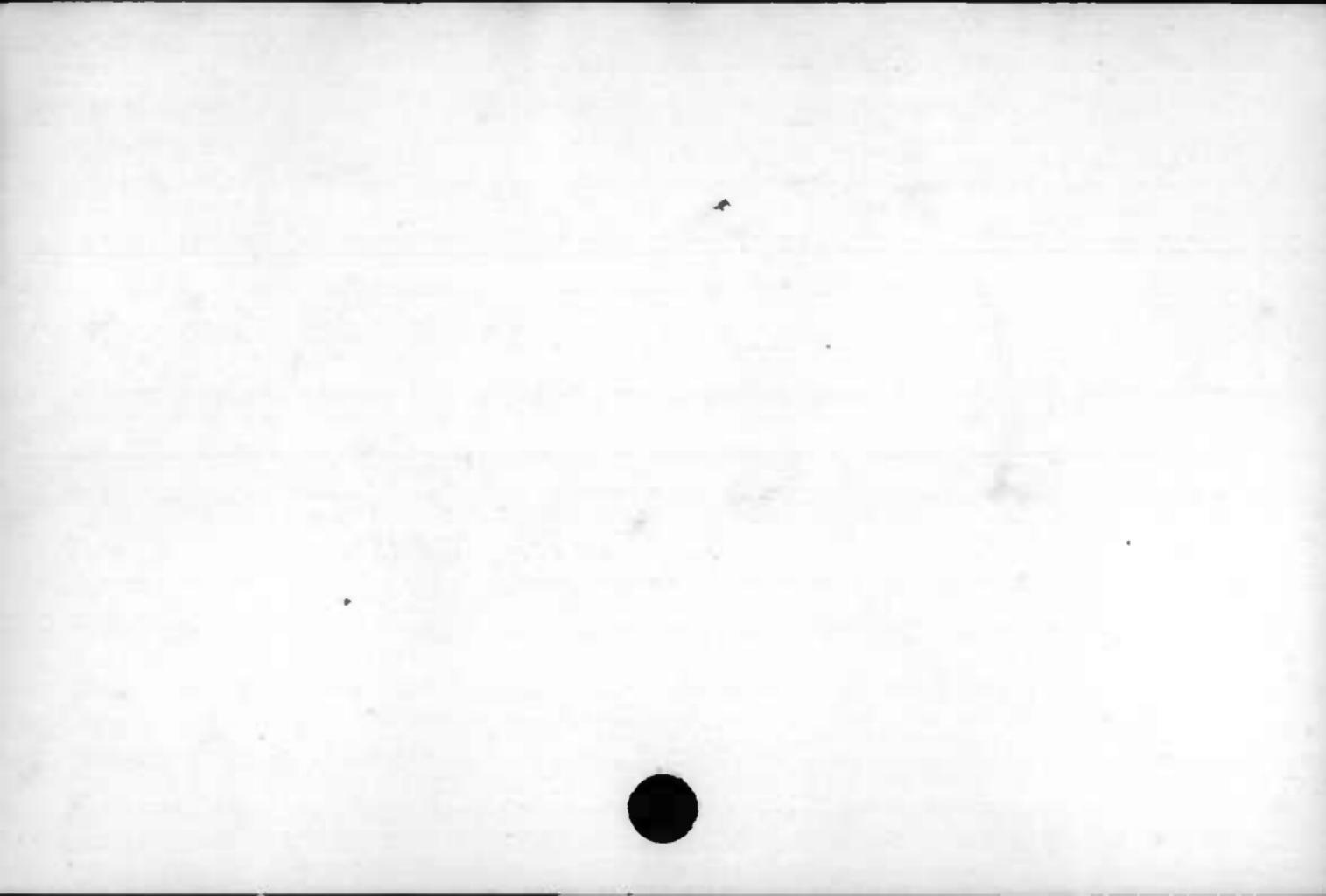
Spring S. Chaney MD

Address

Baden,

Md.

Accident or Suicide?



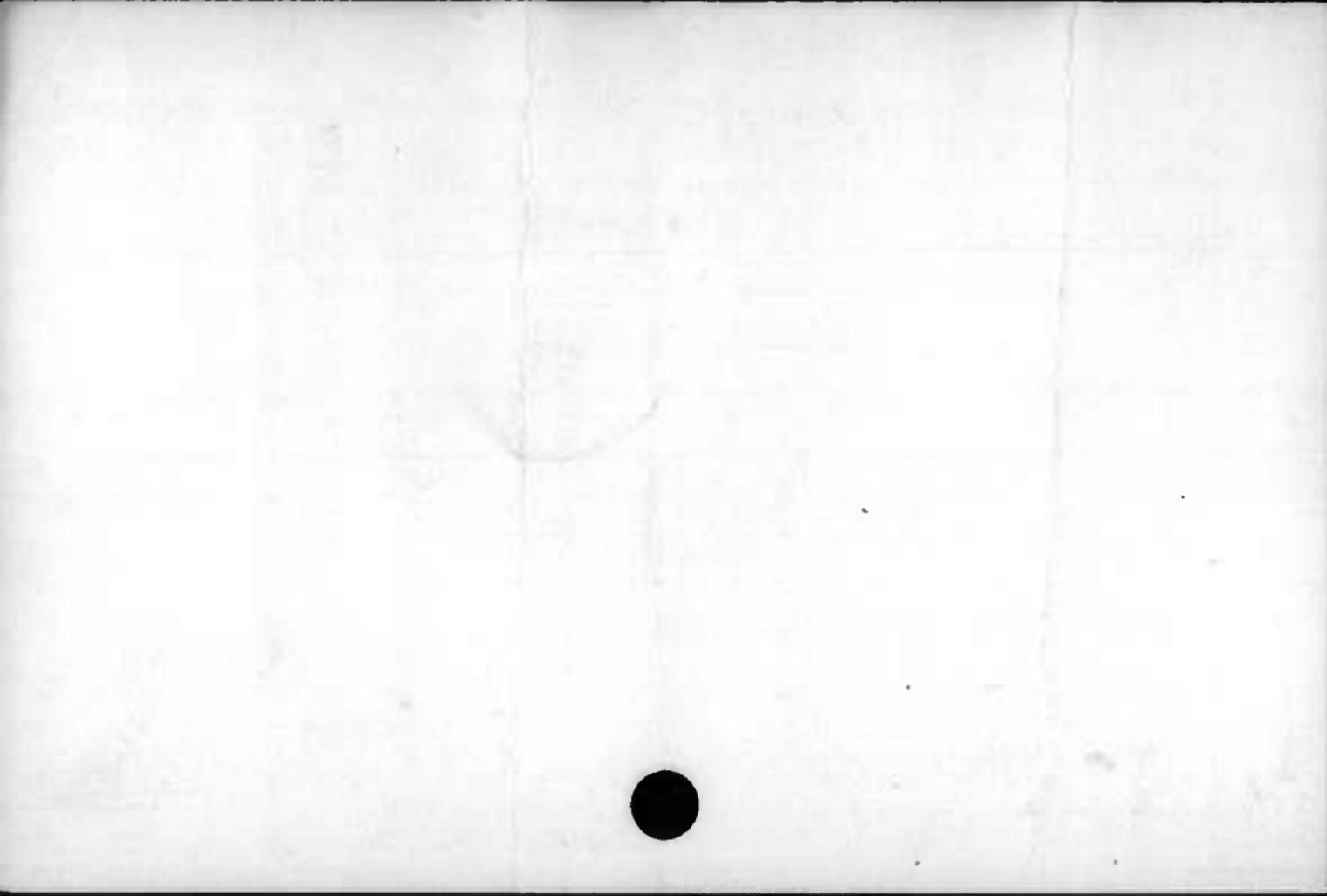
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Maria Jackson				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Colored	Birth-place	And so.		
Occupation	Domestic			Where Residing if not at place of death	Somewhere		
Married, Single or Widowed	Widow	Name of Wife or Husband	Robert Jackson	Father's Birthplace	Marlboro ^{md}		
Father's Name	Henry Thomas			Mother's Birthplace	Marlboro ^{md}		
Mother's Maiden Name	Alma Thomas			How related to deceased	Daughter		
Name of person giving information	Sonja Gardner						

CAUSES OF DEATH

(10)

Primary	Grippe followed by Severe Cold		How long	Several weeks
Immediate	Pneumonia		How long	Seven days
Are the name, age, sex, color, date and place correctly given above?		Age is	Signature of Physician	W. Bardsell M.D.
Accident or Suicide?		uncertain but to the best of my judgment 70 is about right	Address	Hyattsville, Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James E. Edw' & Jennifer						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
1908	3.	11	7	7	-	-	
Sex	male	Color or Race	Colored		Birth-place	Md.	
Occupation	School	Where Residing if not at place of death			Home		
Married, Single or Widowed		Name of Wife or Husband			Father's Birthplace	Md.	
Father's Name	Lewis Jennifer				Mother's Birthplace	Md.	
Mother's Maiden Name	Lena Johnson				How related to deceased	Father	
Name of person giving Information	Lewis Jennifer				92		
CAUSES OF DEATH						How long	
Primary	Bronchitis - Pneumonia				4 weeks		
Immediate	Exhaustion				—		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	E.P. Simpson M.D.			
			Address	Rosedale Md.			
Accident or Suicide?							

PHYSICIAN
OR CORONER

Name
in
Full

Anna M Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	white	Birth-place	Brooklyn N.Y.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Byron R. Johnson			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral haemorrhage		64	How long
Immediate	General	Debility	3 mo	How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	I. Seay Whittemer
			Address	Hyattsville Md
Accident or Suicide?		Neither		

Mr.

Name
in
Full

Andrew E. Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

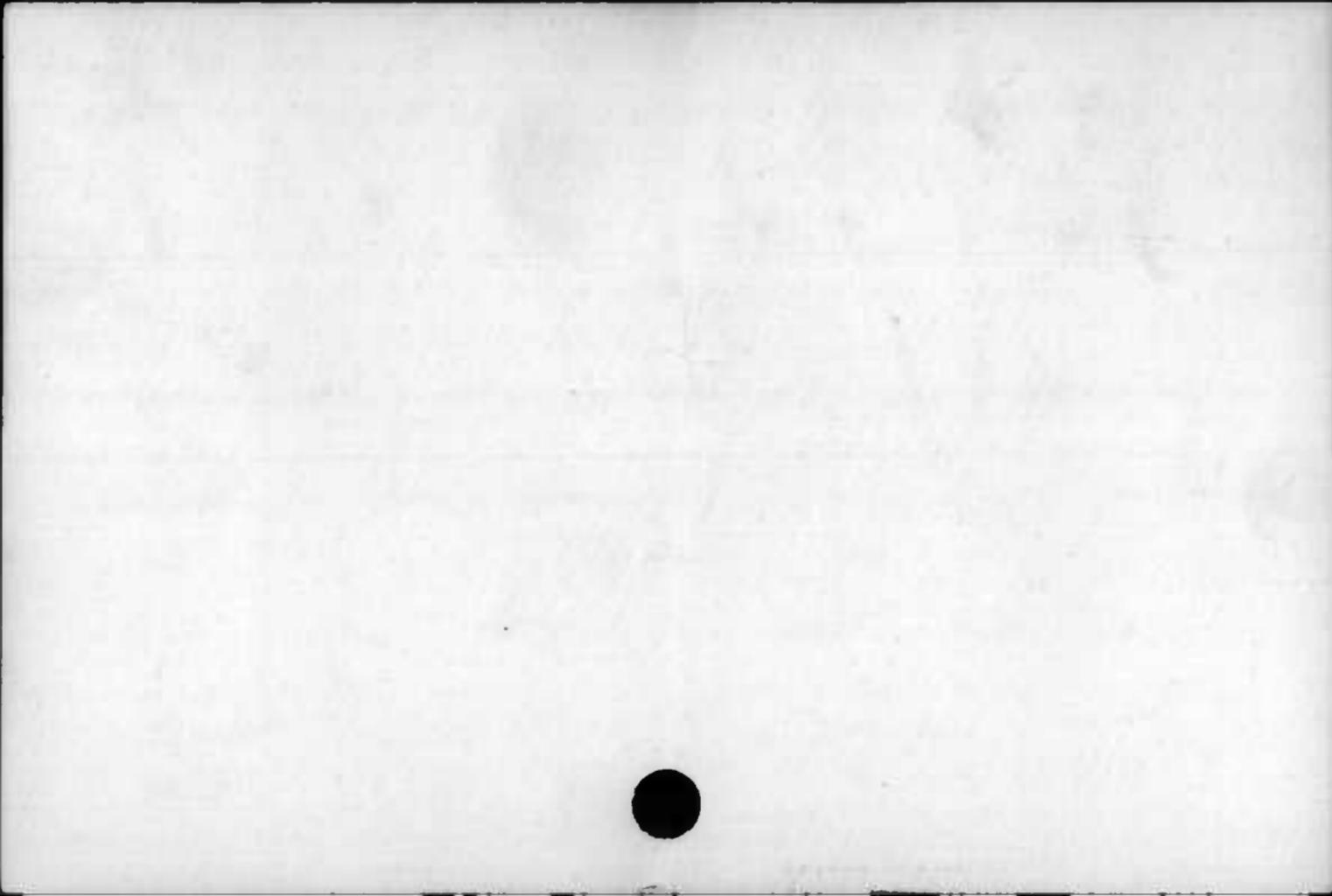
Died at	Town		County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Male		Color or Race	Birth-place		
Occupation	Machine		Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Blanche Kennedy	Father's Birthplace	Va.	
Father's Name	Andrew E Kennedy			Mother's Birthplace	Va.	
Mother's Maiden Name	Maria P Cooke			How related to deceased	Sister in law	
Name of person giving information	Maria M Breeden					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	
Immediate	Heart failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Hall Town			Bunnel County	MARYLAND		
Date of death	1908	Month March	Day 23rd	Age	—	Months	Days
Sex	Male	Color or Race	H. White	Birth-place	Maryland		
Occupation	✓			Where Residing if not at place of death	✓		
Married, Single or Widowed	✓	Name of Wife or Husband	✓	Father's Name	Germany		
Mother's Maiden Name	Ida Stevenson			Mother's Birthplace	Germany		
Name of person giving Information	James M. Kiernan			(How related to deceased)	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart born infarct

(S)
How long

Immediate

✓

✓

Are the name, age, sex, color, date and place correctly given above?

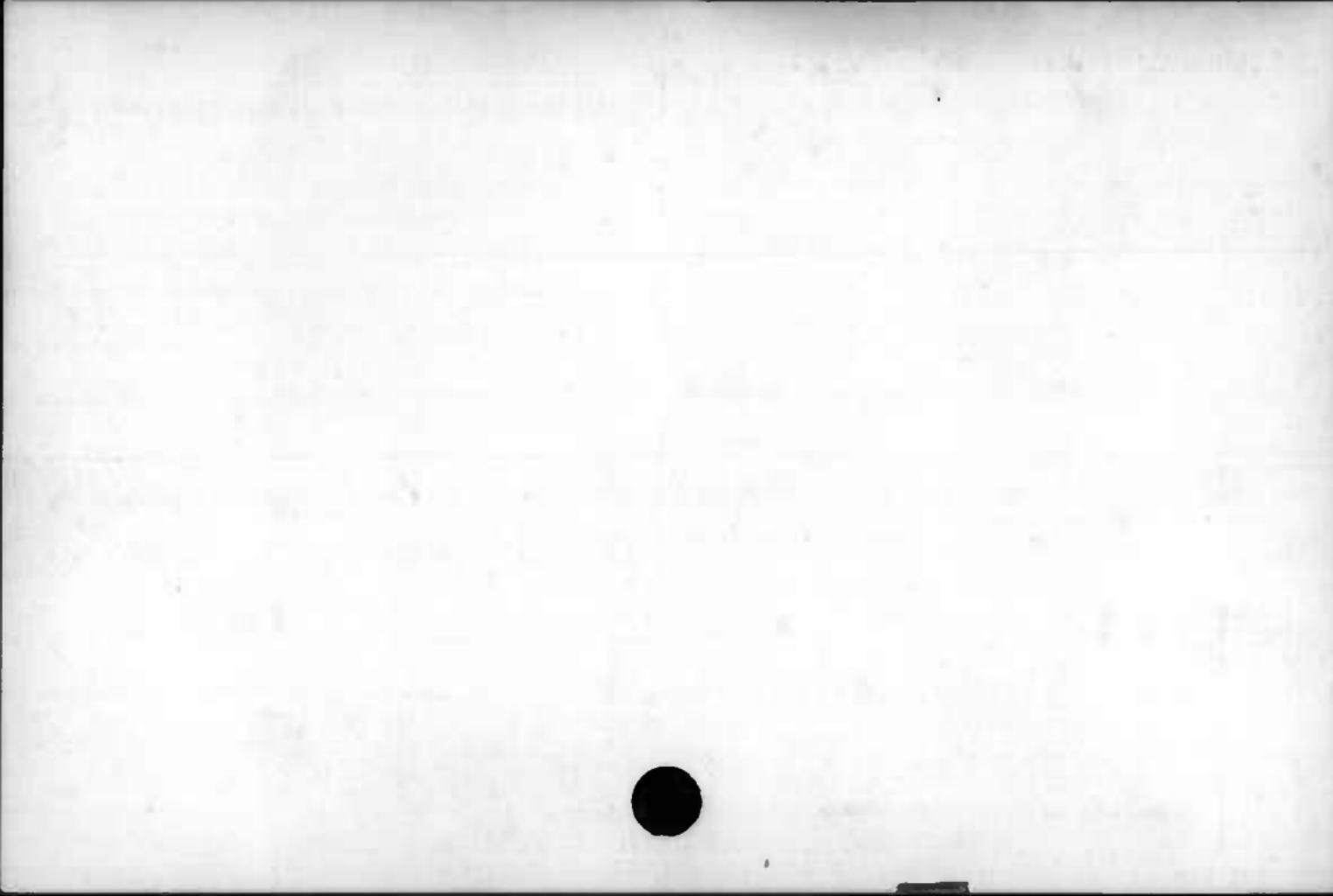
yes

Signature of Physician

Address

H. John Kiernan
Hall, Md.

Accident or Suicide?



Name
in
Full

Mary Elizabeth Leppier

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

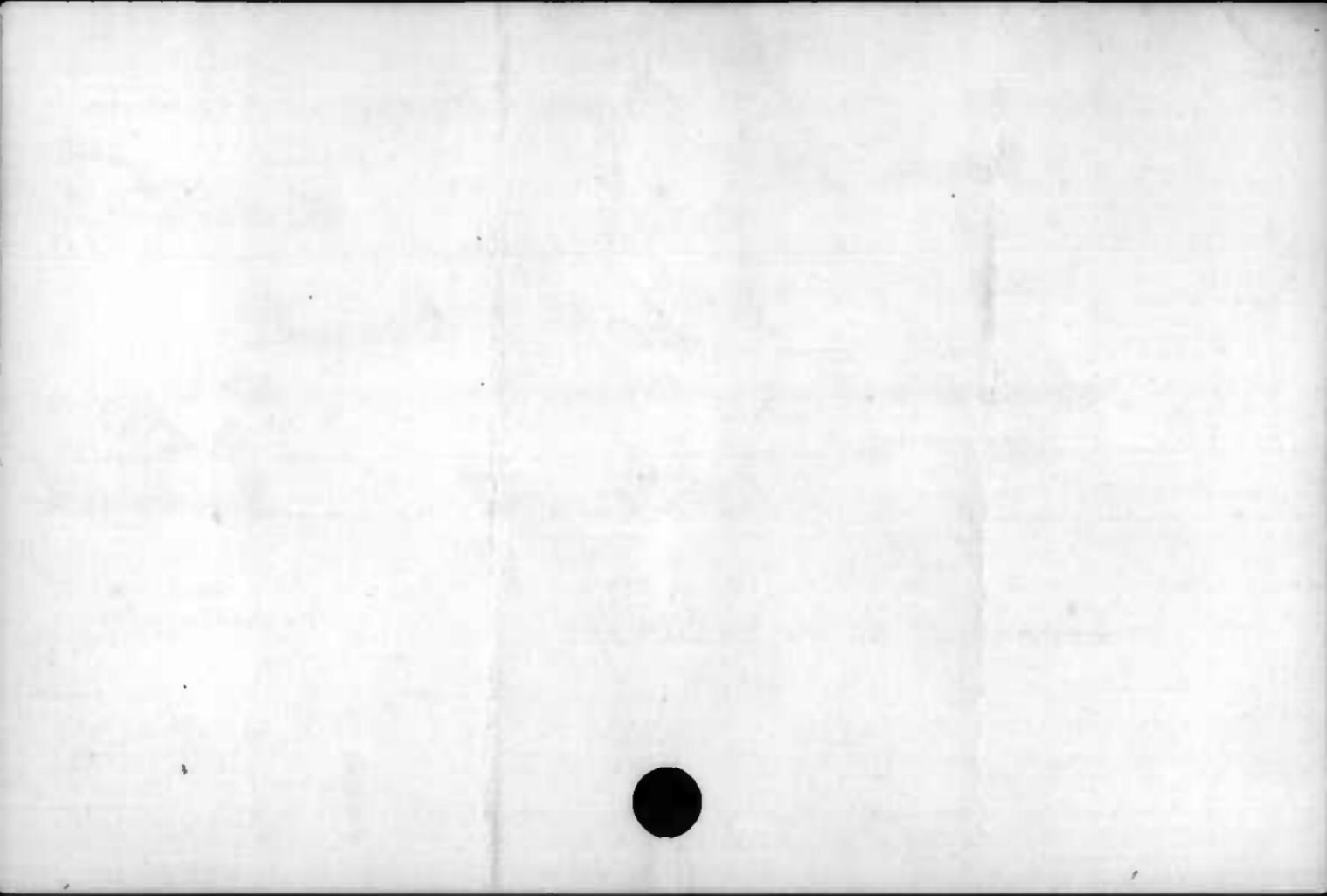
PHYSICIAN
OR CORONER

Died at <u>Bladensburg</u>		County <u>Prince George</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>20</u>	Age <u>62</u>	Years	Months <u>3</u> Days <u>26</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>West Chester, Pa</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Husband <u>John Leppier</u>				
Father's Name <u>Samuel S. Reed</u>	Father's Birthplace <u>West Chester Pa</u>				
Mother's Maiden Name <u>Christina P. Reed</u>	Mother's Birthplace <u>Ottweiler Germany</u>				
Name of person giving information <u>John Leppier</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

93

Primary <u>Pneumonia</u>	How long <u>1 wk</u>
Immediate <u>Cardiac failure</u>	How long <u>immediate</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	Address <u>George Rattner MD</u>
Accident or Suicide? <u>Neither</u>	<u>Hyattsville Md</u>



Name
In
Full

Mary McDermott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Prince George	Count	MARYLAND
Date of death 190	Month	March	Years	Months
Sex	Age	47	Days	—
Occupation	Color or Race	white	Birth-place	Washington DC
Married, Single or Widowed	Name of Wife or Husband	Geo W. McDermott	Father's Birthplace	DC
Father's Name	David Cumberland	Mother's Birthplace	MD	
Mother's Maiden Name	Mary C Power	How related to deceased	Husband	
Name of person giving information	George W. McDermott.			

CAUSES OF DEATH

175

Hour long

instant.

How long

PHYSICIAN
OR CORONER

Primary

Carbolic acid fuming

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

Yes

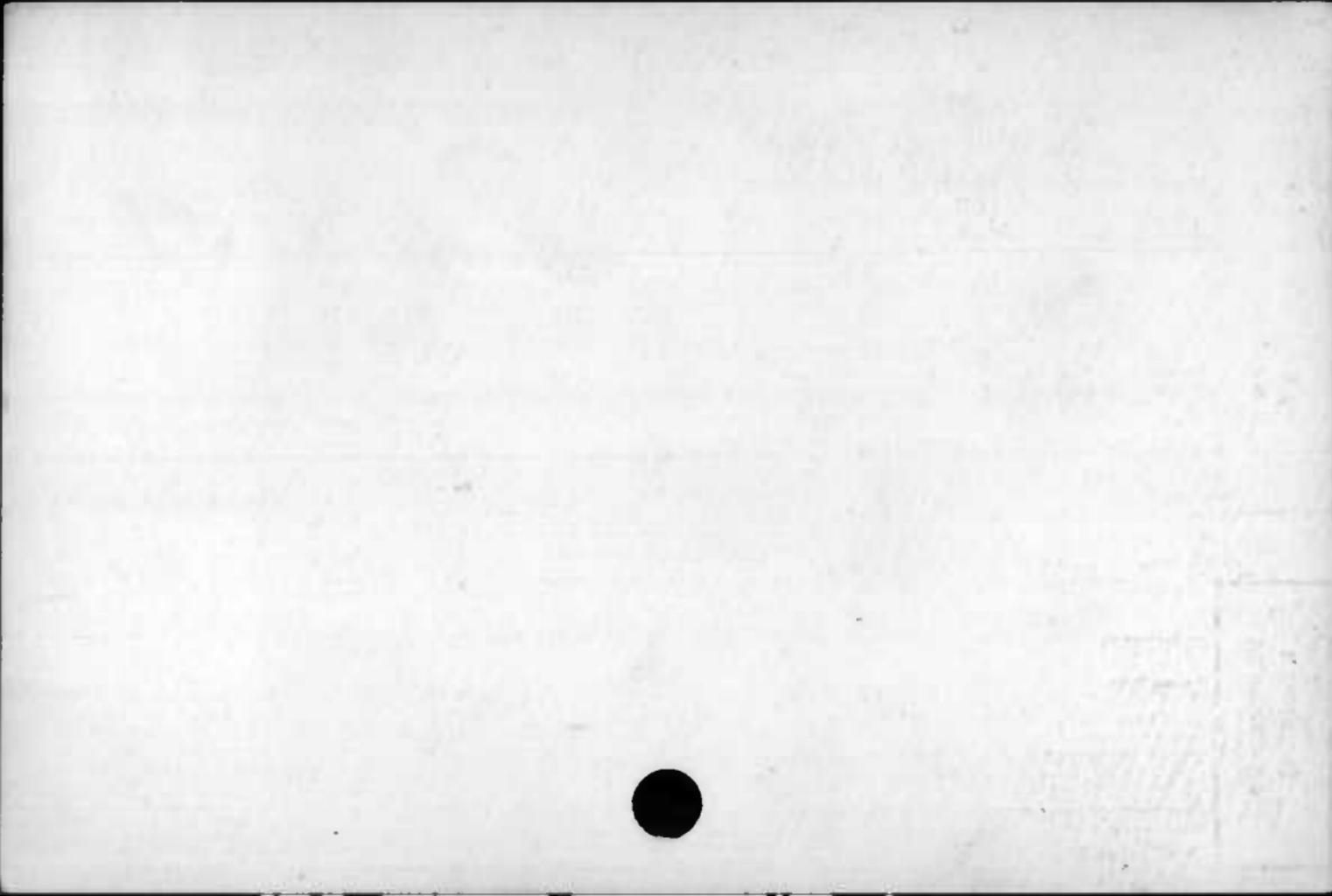
Signature of
Physician

Address

Arthur C. Coroner
Hyattsville, Maryland

Accident or Suicide?

accident.



Name
in
Full

Albert Ray McNamee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	College	P's. Geo.				
Date of death	Month	Day	Years	Months	Days	
1908	March	11	4	1	16	
Sex	Male	Color or Race	white	Birth-place	P's. Geo. Co. Md	
Occupation	—			Where Residing if not at place of death	—	
Married, Single or Widowed	—			Name of Wife or Husband	—	
Father's Name	Chas. E. McNamee			Father's Birthplace	Md	
Mother's Maiden Name	Sarah E. Bladen			Mother's Birthplace	Md	
Name of person giving information	Chas. E. McNamee			How related to deceased	Father	

CAUSES OF DEATH

174

PHYSICIAN
OR CORONER

Primary asphyxiation & burn in a

How long

Immediate burning stable

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

A. E. Eicme

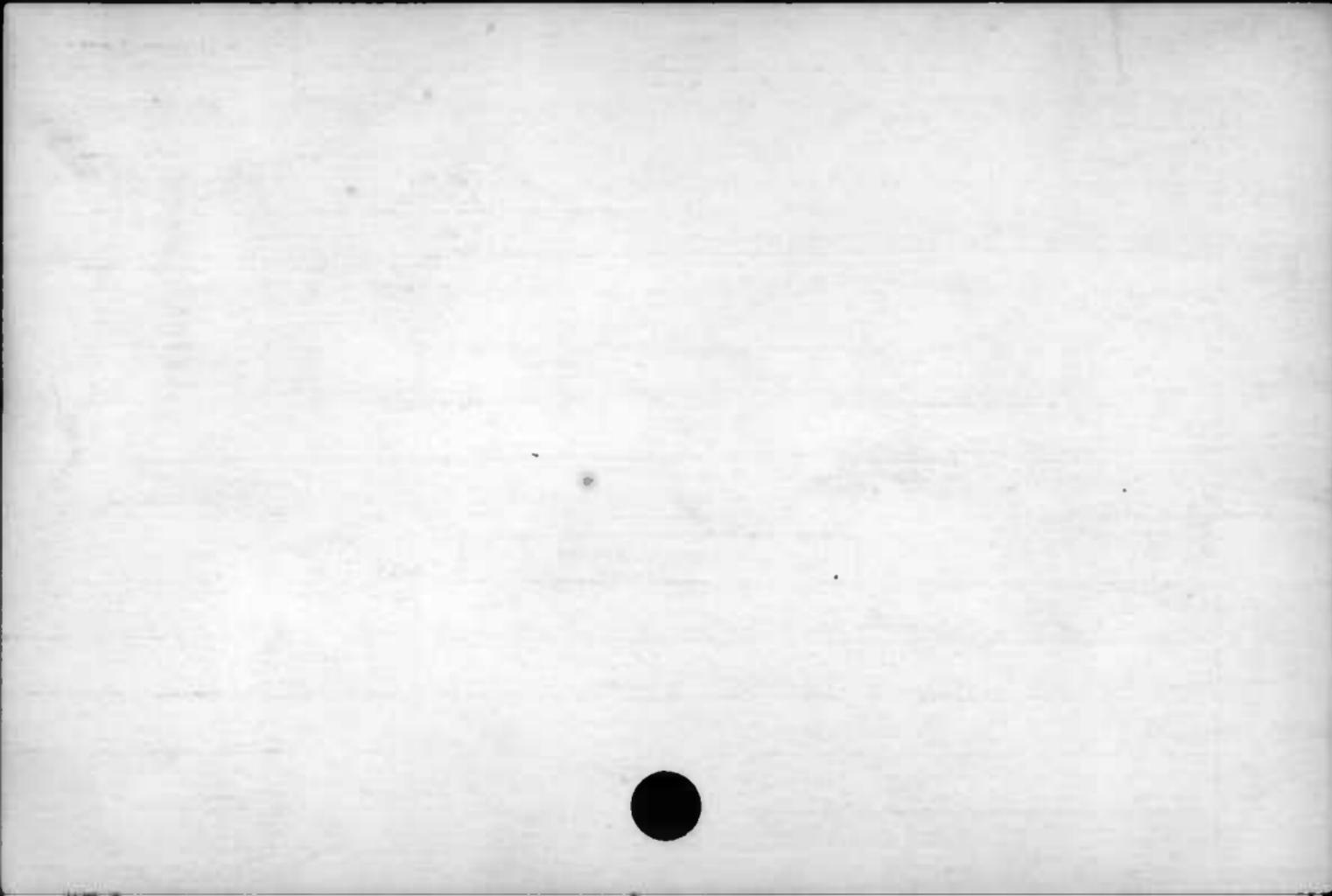
Address

Baltimore

Md.

Accident or Suicide?

Accident



Name
in
Full

Infant Matthew

CERTIFICATE OF DEATH

To BE ANSWERED BY

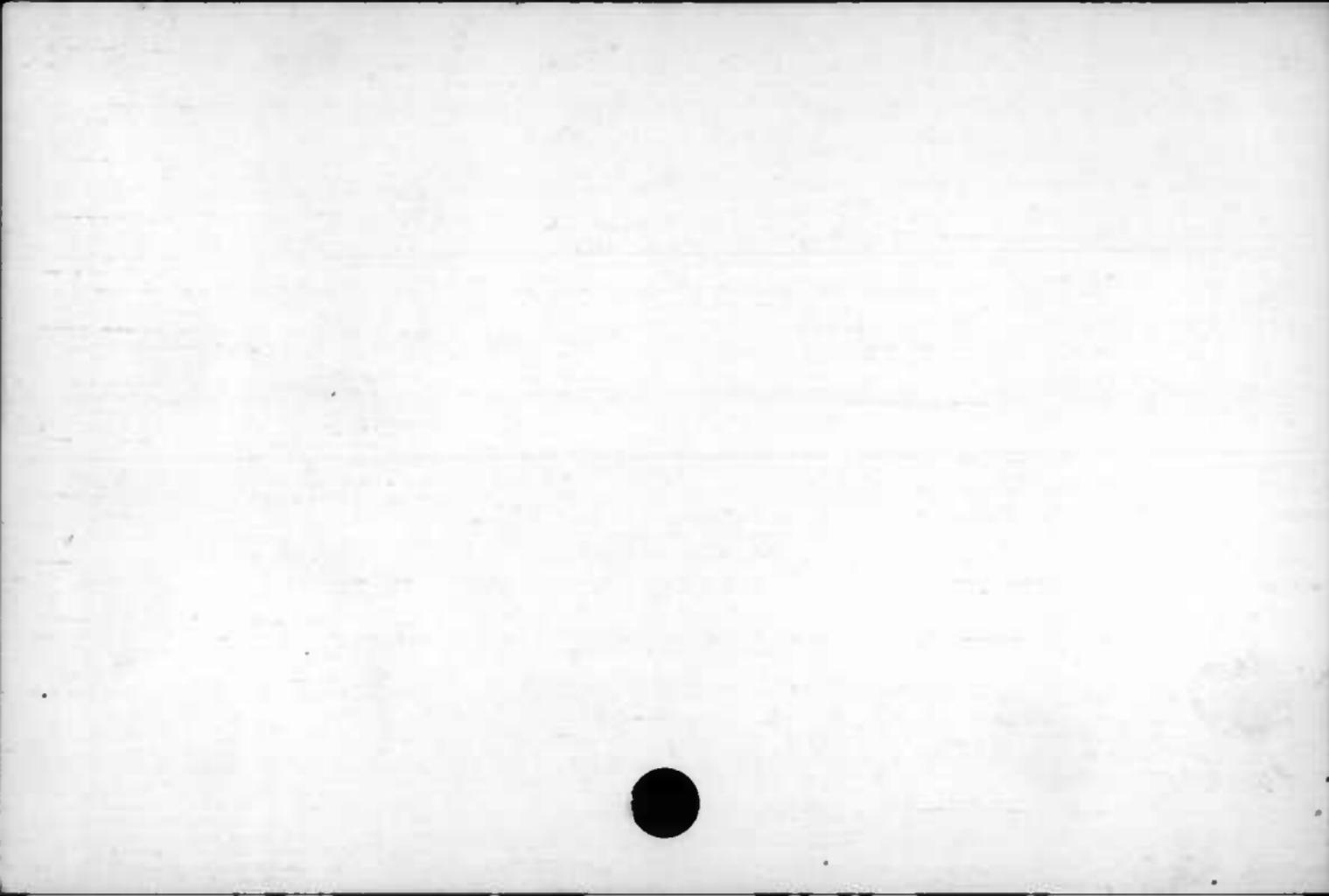
NEAREST FRIEND

Town	Died at Forestville			County	Prince George				
Date of death	1908	Month	3	Day	17	Years	Age	Months	Days
Sex	Female			Color or Race	Black			Birth-place	Ma
Occupation	none			Where Residing if not at place of death			—		
Married, Single or Widowed	Single			Name of Wife or Husband					
Father's Name	John Matthews						Father's Birthplace	Md	
Mother's Maiden Name	Julia Day						Mother's Birthplace	Md	
Name of person giving information	John Matthews						How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth			How long
Immediate	Still Born			How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	John E. Gusby M.D.
			Address	Forestville Md
Cirrhosis in attended				
Accident or Suicide?				



Name
in
Full

William V. Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birthplace			
Occupation	Where Residing if not at place of death					
Married Single or Widowed	Name of Wife or Husband	an				
Father's Name	William Miller					Father's Birthplace
Mother's Maiden Name	Lucie Zeigler					Mother's Birthplace
Name of person giving information	W. Miller					How related to deceased

CAUSES OF DEATH

8

Primary	Whooping Cough	How long	3 weeks
Immediate	Paroxysms	How long	4 hours.

PHYSICIAN
OR CORONER

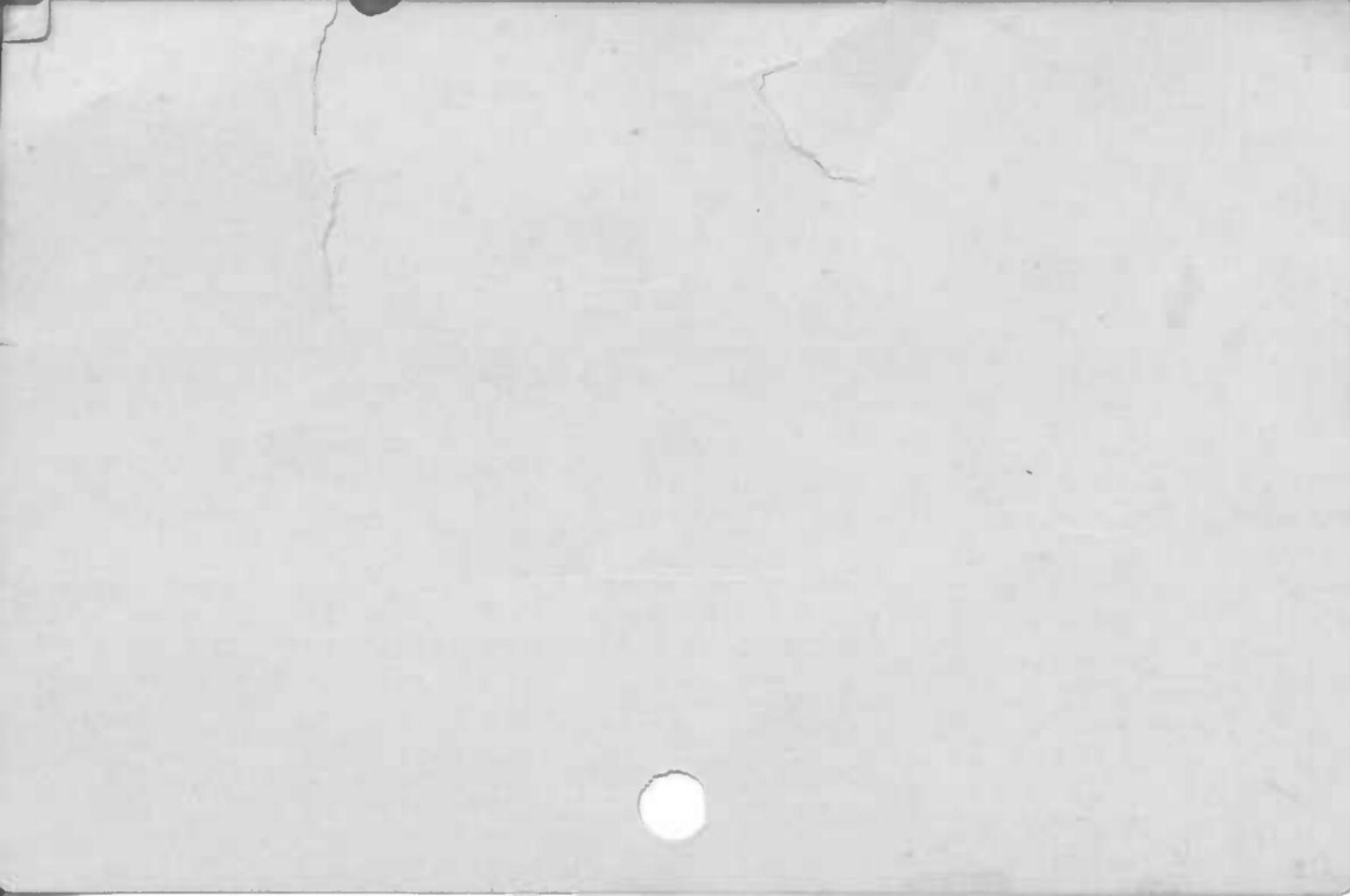
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. S. Wain
Clinton



Name
in
Full

Harry S. Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	P.G.	County	MARYLAND		
Died at Clinton	Month 10	Day 10	Years 52	Months —	Days —
Date of death 1908	Color or Race Beach	Birth-place Bed			
Sex Male	Occupation Laborer	Where Residing if not at place of death Brothers			
Mother, Single or Widower	Name of Wife or Husband	Not married.			
Father's Name Leoline Proctor	Father's Birthplace Bed				
Mother's Maiden Name Clarkwood	Mother's Birthplace Bed				
Name of person giving information J.S. Proctor	How related to deceased Brother				
CAUSES OF DEATH					
Primary Enteritis	66	How long 2 weeks			
Immediate Paralysis		How long 1 week			

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

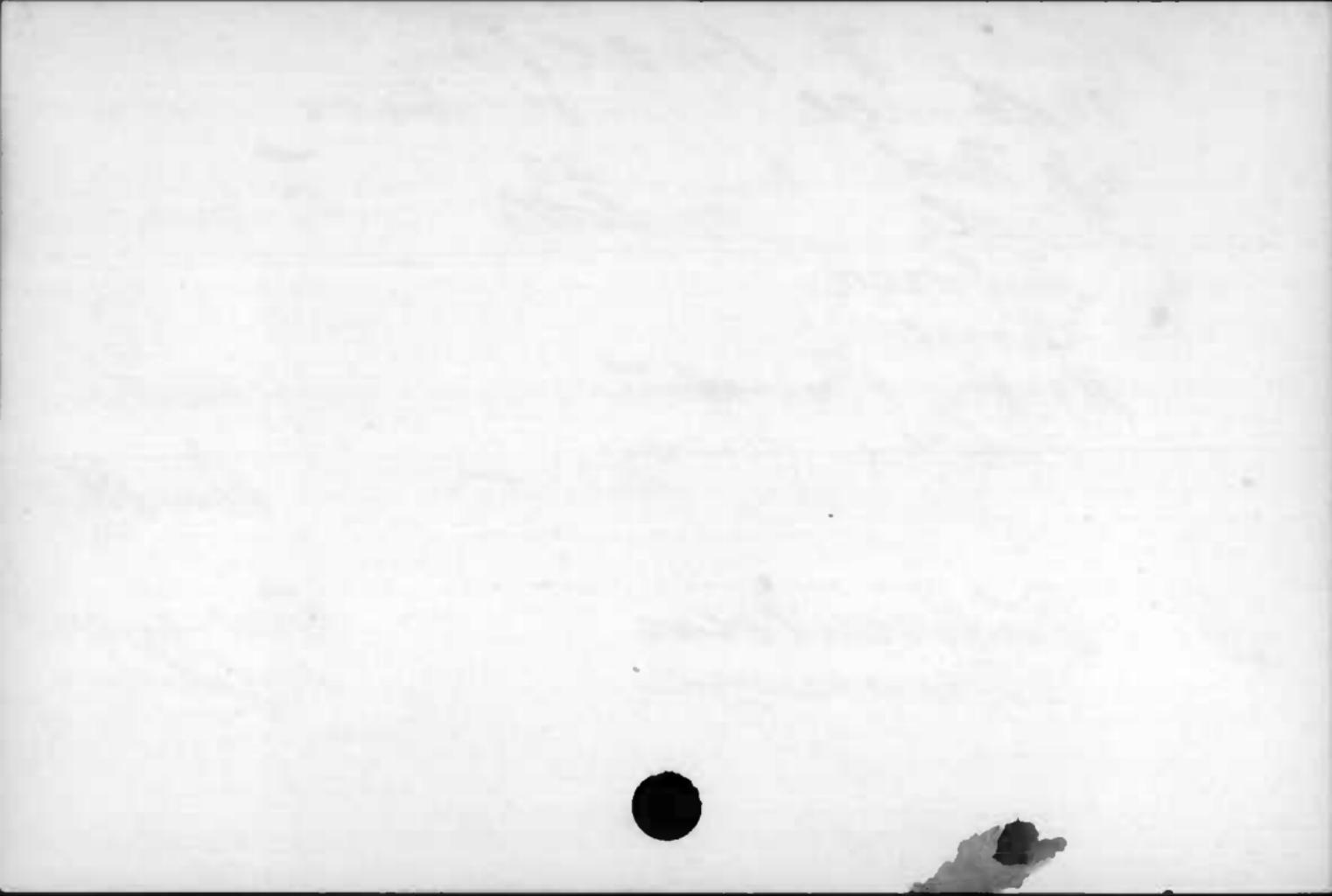
Yas

Signature of Physician

Address

J. F. Weaving
Clinton

Accident or Suicide



Name
In
Full

Philip J. Proctor

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Male	Color or Race	Birth-place
Occupation	Labourer	Where Residing if not at place of death	-
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Henry Proctor	Father's Birthplace	Mad
Mother's Maiden Name	Mollie Savoy	Mother's Birthplace	"
Name of person giving information	James C. Proctor	How related to deceased	Brother

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Hemorrhage

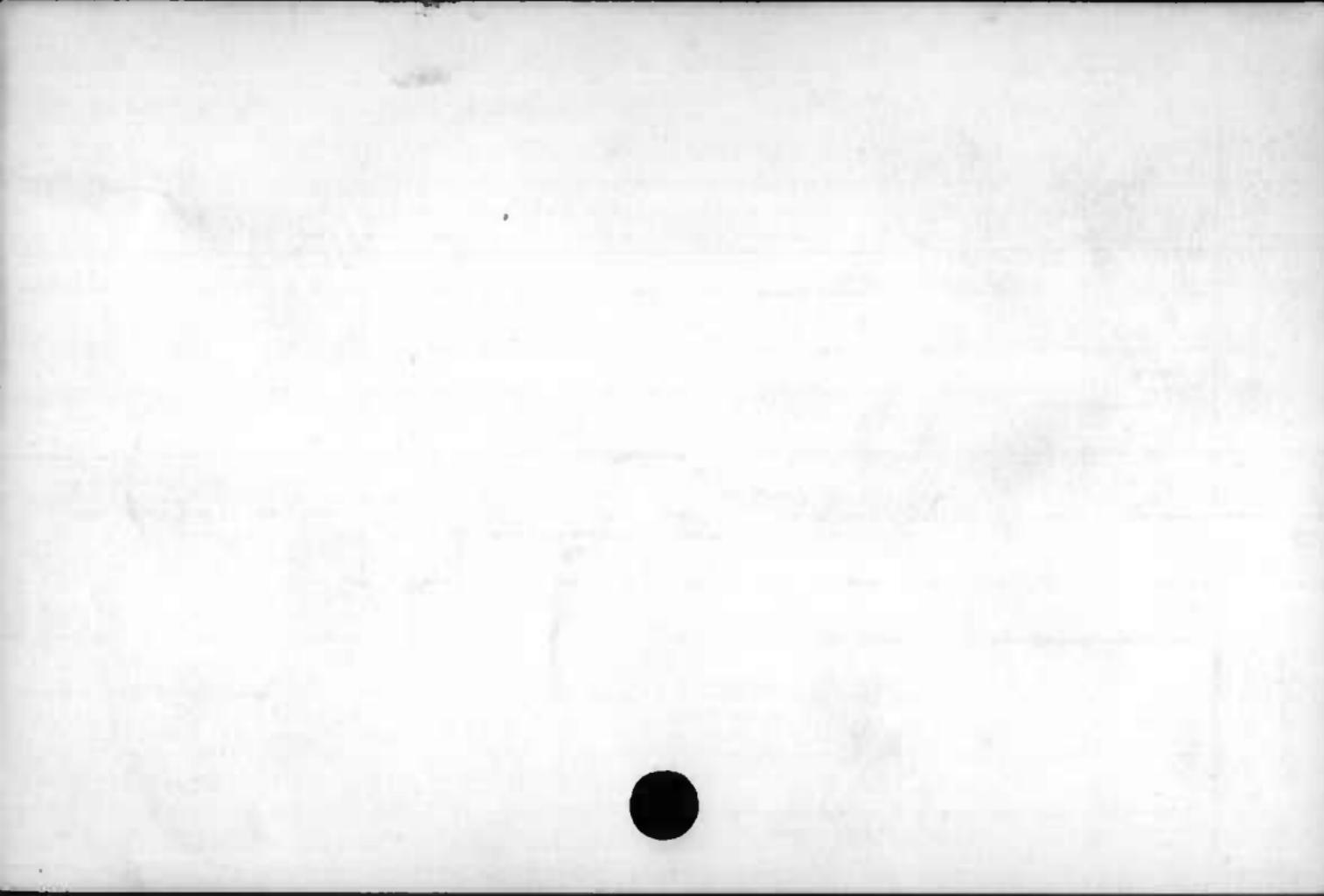
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Henry P. Queen

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County		
Date of death	1908	Month March	Day 13	Years 84	Months — Days —
Sex	male	Color or Race	white	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death	At home	
Married, Single or Widowed	Married		Name of Wife	Mary Wildmon	
Father's Name	Charles Queen		Father's Birthplace	Md	
Mother's Maiden Name	Maria C. Percell		Mother's Birthplace	Md	
Name of person giving information	Oscar Queen		How related to deceased	Son	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Calazonephritis

How long

Six years

Immediate

Angiocarditis

How long

Are the name, age, sex, color, date and place correctly given above?

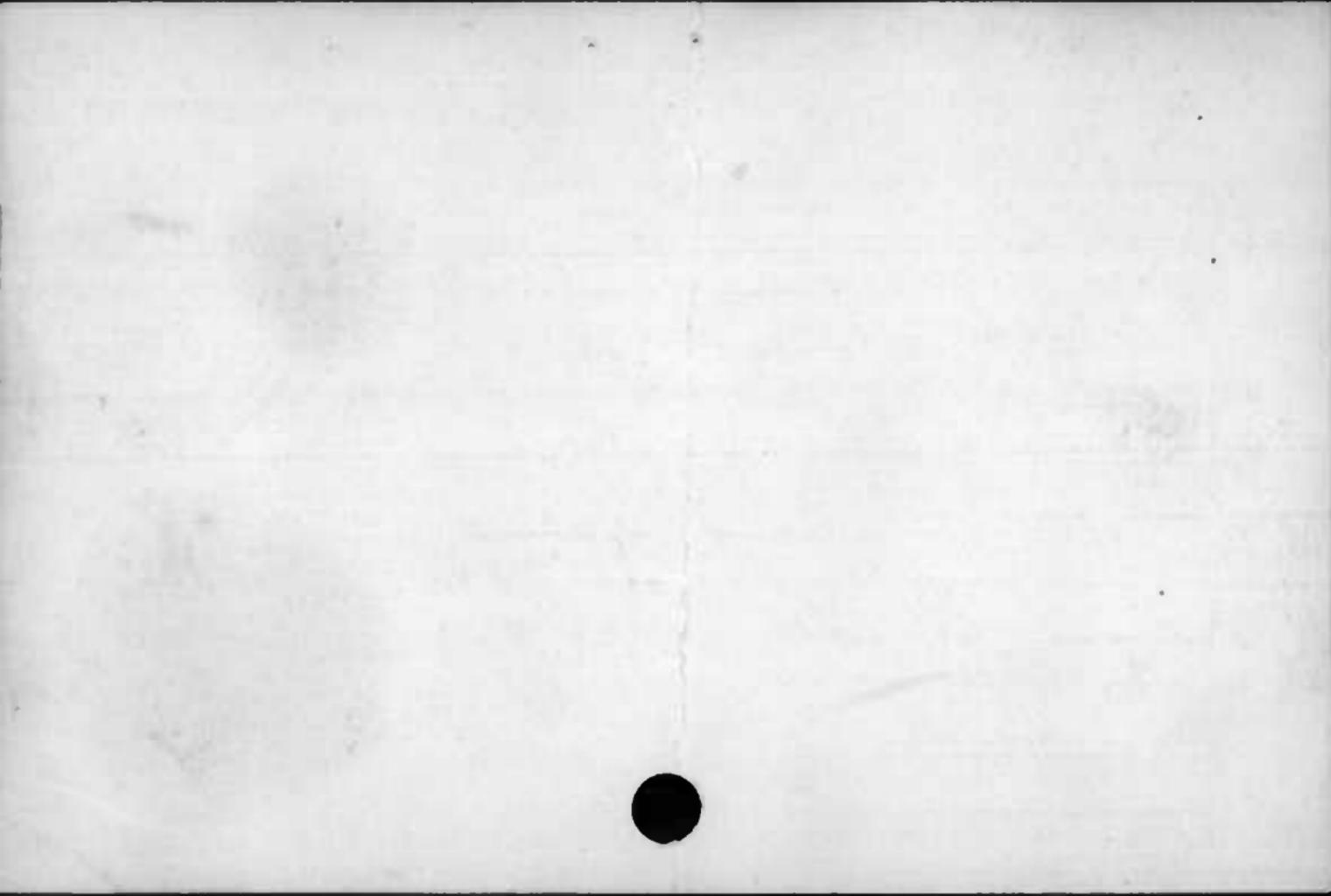
yes

Signature of Physician

Address

G. O. Monroe
Waldorf, Md

Accident or Suicide?



Name
in
Full

William H. Reed

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife		
Father's Name	Alfred Reed	Father's Birthplace	Md
Mother's Maiden Name	Elizabeth Coase	Mother's Birthplace	Md
Name of person giving information	Mr H Reed	How related to deceased	Son

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary

Bronchitis of Aged.

How long

Six months

Immediate

Heart failure

How long

Short while

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Reed M.D.
Laurel Md.

Accident or Suicide?

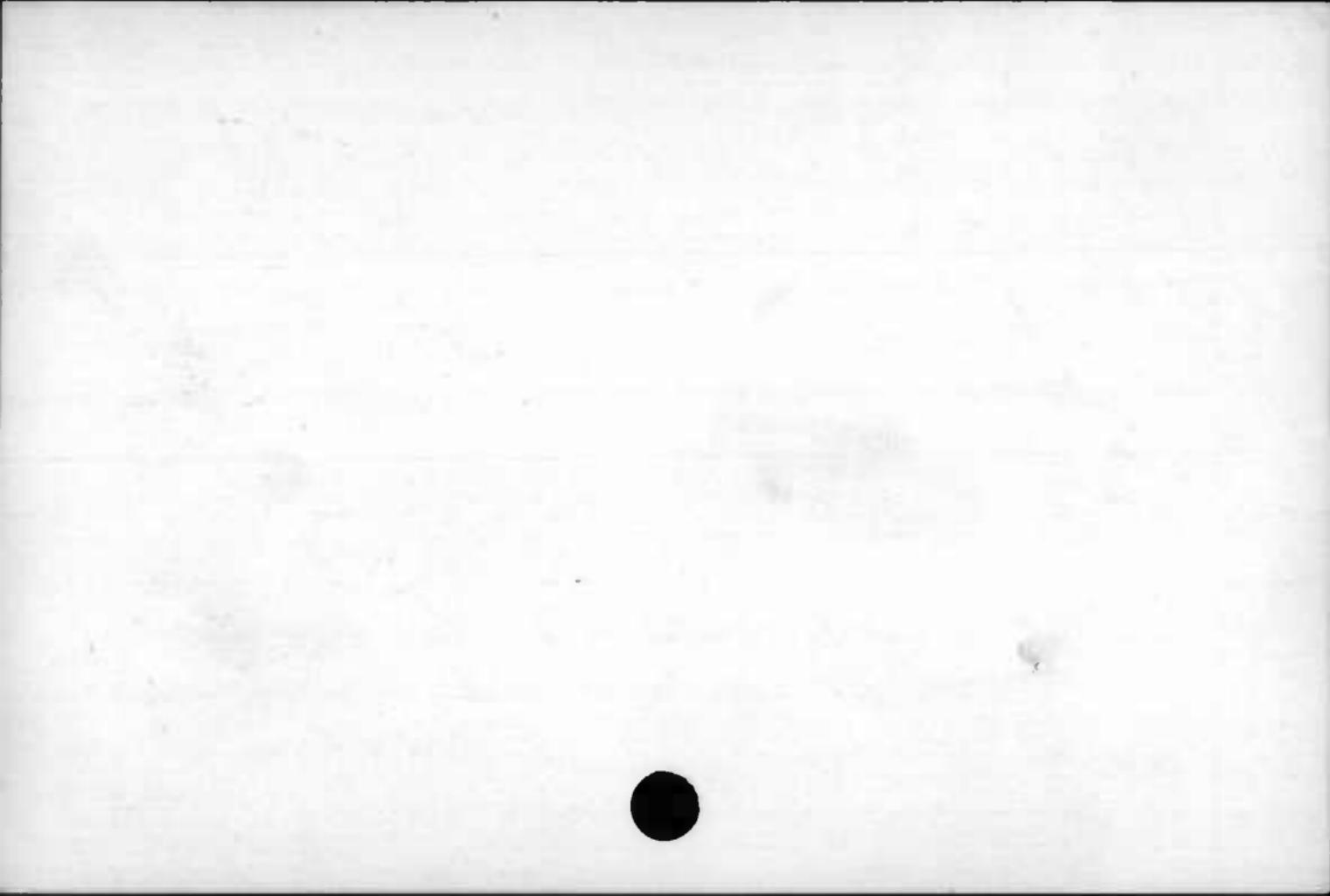
Fishert Hair
int Laurel

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH				
Died at	Town	County	MARYLAND	
Date of death 1908	Month March	Day 7 th	Years 20	Months — Days —
Sex Male	Color or Race White	Birth-place Italy		
Occupation Laborer	Where Residing if not at place of death Washington, D.C.			
Married, Single or Widowed Single	Name of Wife or Husband	Father's Name Sebastian Dendler	Father's Birthplace Italy	Mother's Birthplace
Mother's Maiden Name Unknown	Benni Furrner	How related to deceased	11	
Name of person giving information	CAUSES OF DEATH			
Primary Killed by bear	166		How long	
Immediate	How long			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. Alfred Ridgely, M.D. Address Acting Coroner, Upper Marlboro, Md.			
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alvasta Sluttins

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Laura

P. Twp

Date
of death

1908

Month

Mar

Day

11

Years

"

Months

"

Days

11

Age

Sex

Female

Color or
Race

White

Birth-
place

Laura

Occupation

Wife

Where Residing if not
at place of death

Laura

Married, Single
or Widowed

No

Name of Wife or
Husband

No

Father's
Name

Charles J. Sluttins

Father's
Birthplace

No

Mother's
Maiden Name

Ivyra Knapp

Mother's
Birthplace

Yid

Name of person giving
Information

Philly Knapp

How related
deceased

Mama Ballie

CAUSES OF DEATH

71

How long

day

How long

Primary

Eclampsia

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

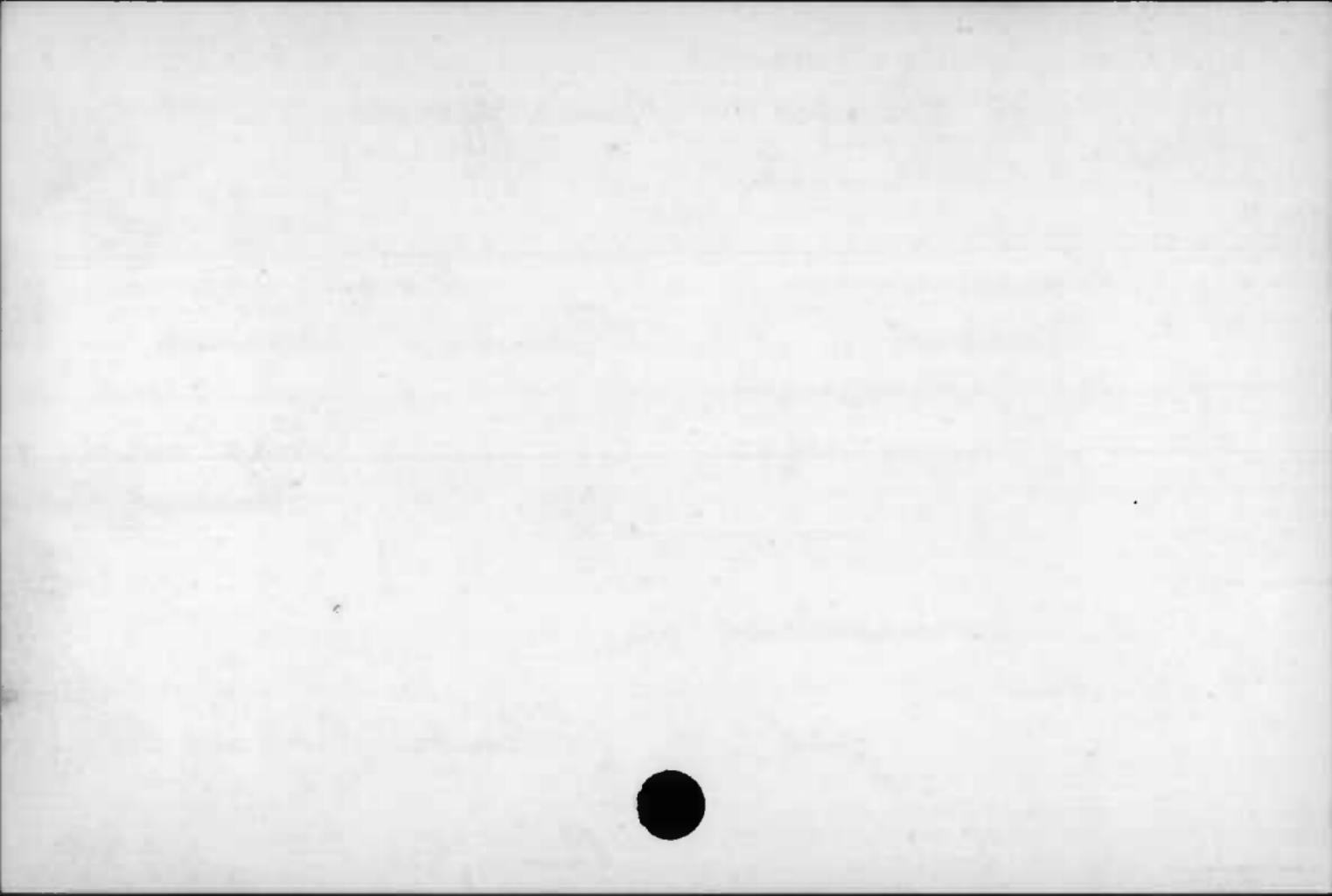
Signature of
Physician

Address

D R. E. Harley

Sawmell
Mt

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Maria Smith

Town

County

MARYLAND

Date
of death

1908

Month

Day

Years

Months

Days

Age

73

—

—

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Geo. Bell

Father's
BirthplaceFather's
Name

Unknown

Mother's
BirthplaceMother's
Maiden Name

Lizzie Smith

Md

Name of person giving
Information

Peter Ruder

now

CAUSES OF DEATH

93

How long

Primary

No medical attendance.

How long

Immediate

Probably Pneumonia

3 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

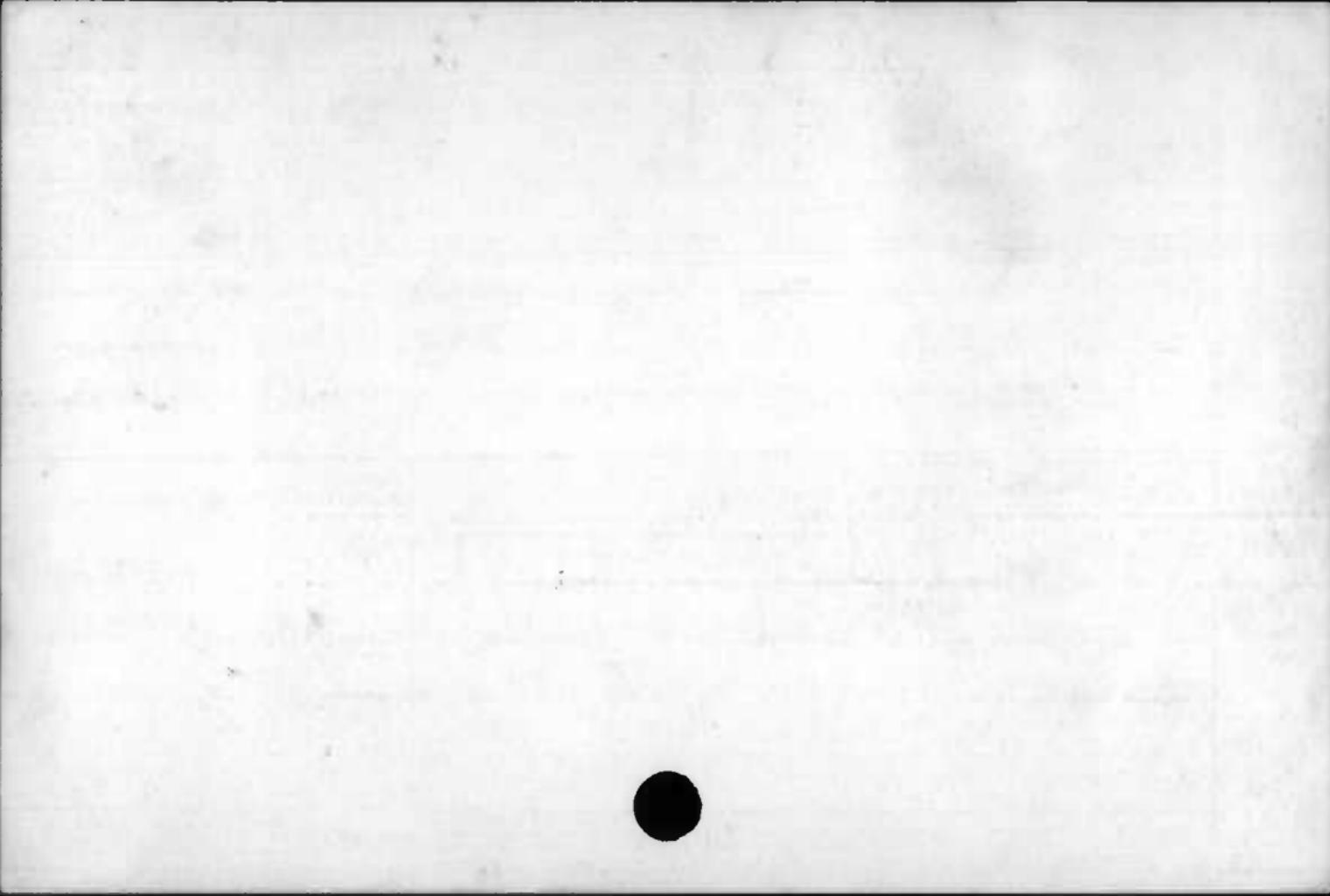
Address

Wm. T. Darrow

Accident or Suicide?

MS

Aquiaoco
Md.PHYSICIAN
OR CORONER



Name
in
Full

Robert Moot.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Unknown		
Father's Name	Unknown			
Mother's Maiden Name	Unknown			
Name of person giving Information	Payton Hlevaugh			
CAUSES OF DEATH				
Primary	179			
Immediate	How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
as near as possible!		Address	immediate	
Accident or Suicide?		Shule Sambury 110 Forestville, Md.		

PHYSICIAN
OR CORONER

Primary

natural causes

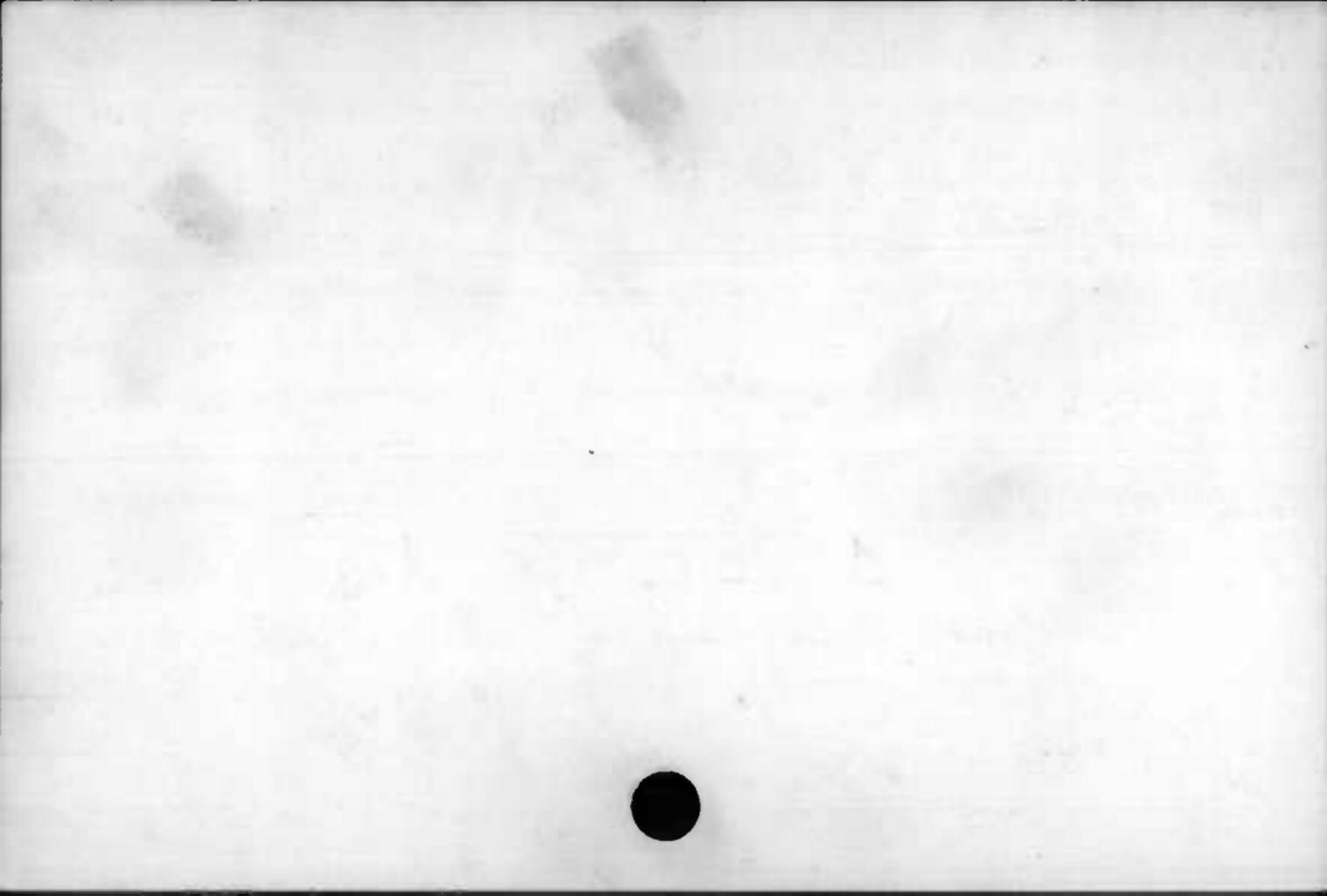
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

as near as possible!
neither



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Thomas Soper.

CERTIFICATE OF DEATH

Died at Fourmire		Town	County P. Co.		MARYLAND	
Date of death 1908	Month Mar	Day 26	Years	Months		Days 14da
Sex Male	Color or Race white	Age	Birth- place Md.			
Occupation None	Where Residing if not at place of death -					
Married, Single or Widowed Single	Name of Wife or Husband Bett Soper		Father's Name Bett Soper	Father's Birthplace Md.		
Mother's Maiden Name Fanny Soper			Mother's Birthplace Md.			
Name of person giving Information Bett Soper			How related to deceased Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Premature Birth no Papsuan in
attendance

Immediate

How long

How long

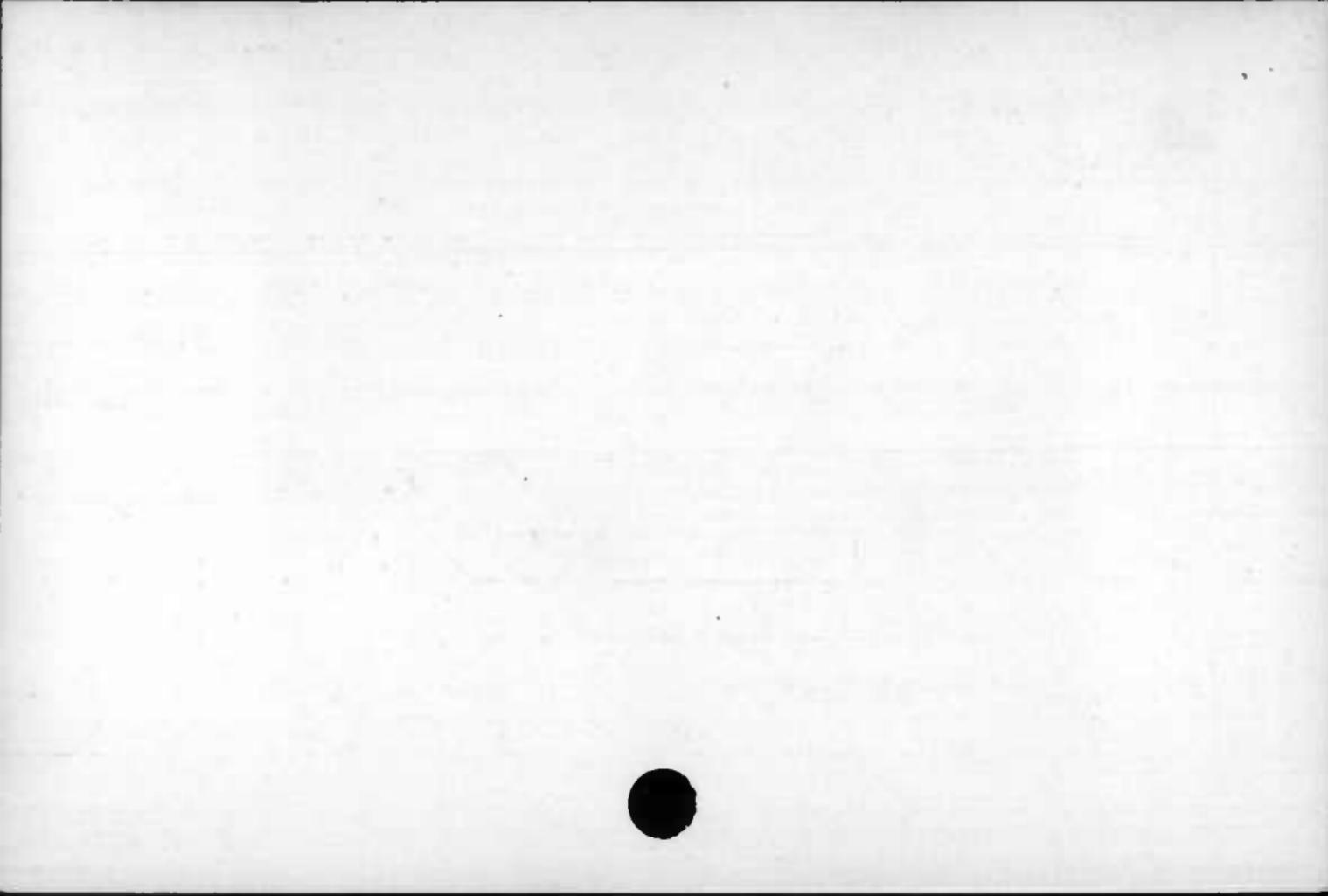
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. L. Starling M.D.
Elizabet

Accident or Suicide?



Name
in
Full

Julius Stommed.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Capital Heights	Prince George				
Date of death 1908	Month Mar	Day 11 st	Years	Months	Days
Sex Male	Color or Race White	Age	—	1	13
Occupation None	Where Residing if not at place of death				
Married, Single [redacted]	Name of Wife or Husband [redacted]				
Father's Name Julius Stommed	Father's Birthplace New Jersey				
Mother's Maiden Name Nellie Stommed	Mother's Birthplace A. L. C. F.				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

(8)

PHYSICIAN
OR CORONER

Primary Whooping cough.

How long About

Immediate Strangulation

How long About 3 hours.

Are the name, age, sex, color, date and place correctly given above?

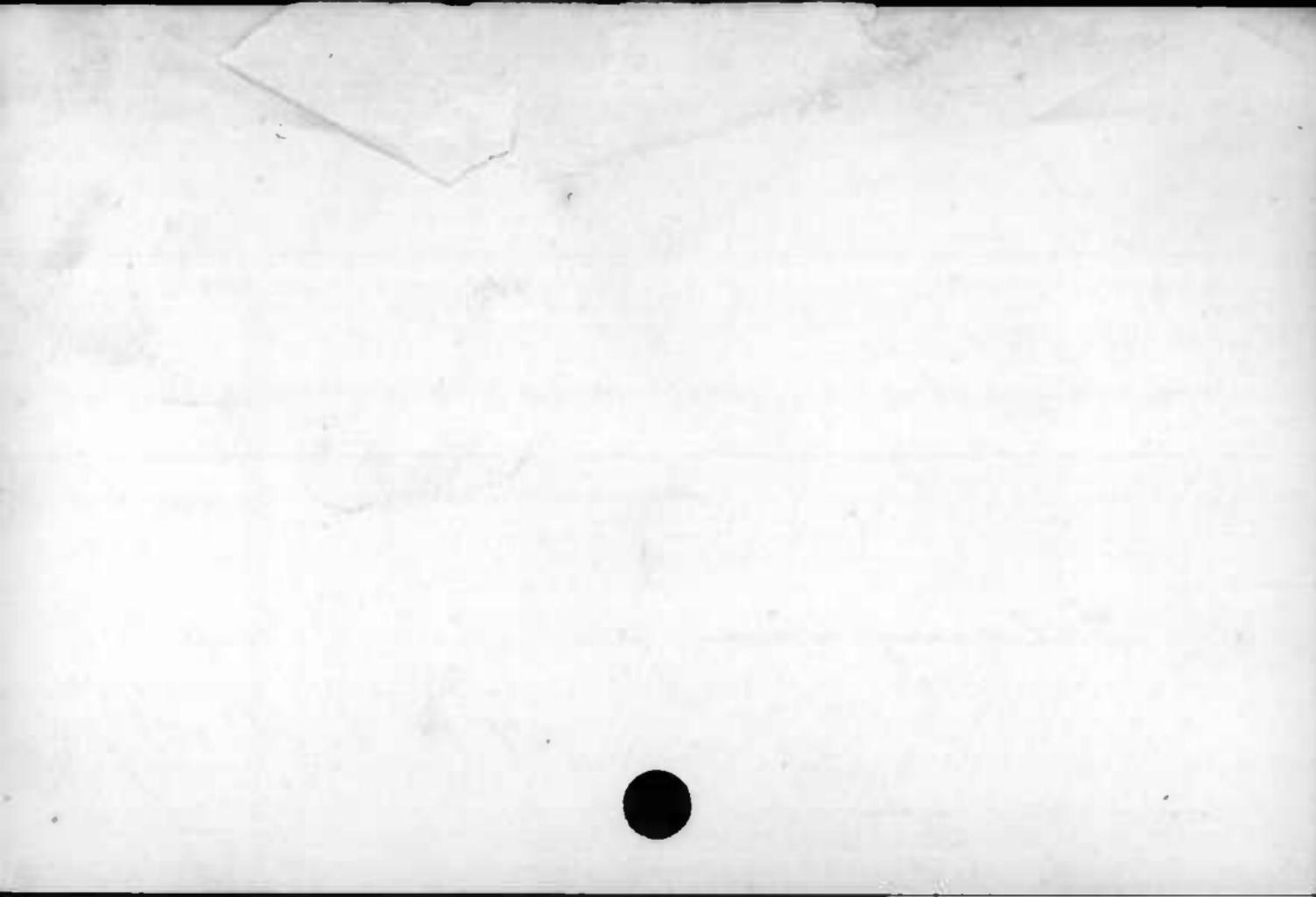
Signature of Physician

R. A. Schoonover M.D.

Address

Benning.
D.C.

Accident or Suicide? —



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Female	Color or Race	White		Birth-place	
Occupation	House wife		Where Residing if not at place of death		England	
Married, Single, or Widowed	Married	Name of Wife or Husband	Thomas Summer		Camp Springs	
Father's Name	Unknown				Father's Birthplace	
Mother's Maiden Name	Unknown				Mother's Birthplace	
Name of person giving information	Francis Summer		V		How related to deceased	

CAUSES OF DEATH

159

How long

PHYSICIAN
OR CORONER

Primary

Nervousness

Immediate

Bullet Wound

How long

Immediately

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

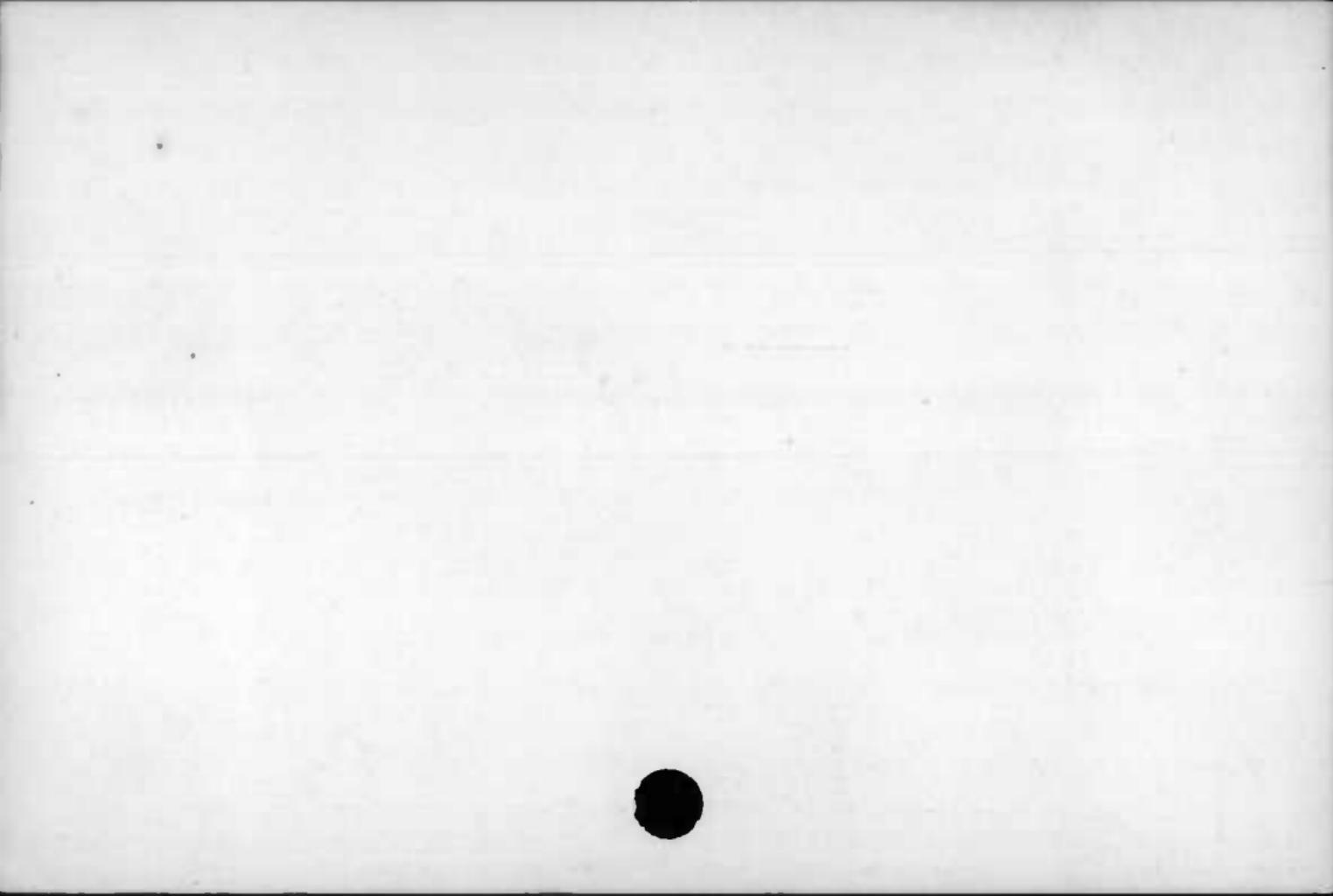
Address

Columbus Pumphrey Coroner
Meadows

Accident or Suicide?

Suicide

Prince Geo Co Maryland



Name
in
Full

Florence Swider.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

near Ft. Washington Ch. Geo.
1908 March 6 11 — —
Female White St. Marys Co.
single
Fannie Swider.
Susie Dement.
Tom F. Taylor.

New York.
St. Marys Co.
no relation.

CAUSES OF DEATH

(9)

PHYSICIAN
OR CORONER

Primary Diphtheria How long

Immediate Heart Paralysis. How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. S. Hartt.

Ciscataway
Md.

Accident or Suicide?



Name
in
Full

Andrew Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Crown Stn	Picayune		
Date of death	Month	Day	Years	Months Days
1908	Mch	8	16	
Sex	Color or Race	Birth-place		
Male	Calared	Chas & md		
Occupation	Where Residing if not at place of death			
Labarer	Picayune & md			
Married, Single or Widowed	Name of Wife or Husband			
Single				
Father's Name	Father's Birthplace			
James Thomas	Md			
Mother's Maiden Name	Mother's Birthplace			
Georganna Slater	Md			
Name of person giving Information	How related to deceased			
Henry Johnson	Cousin			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Consumption acute

How long

6 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

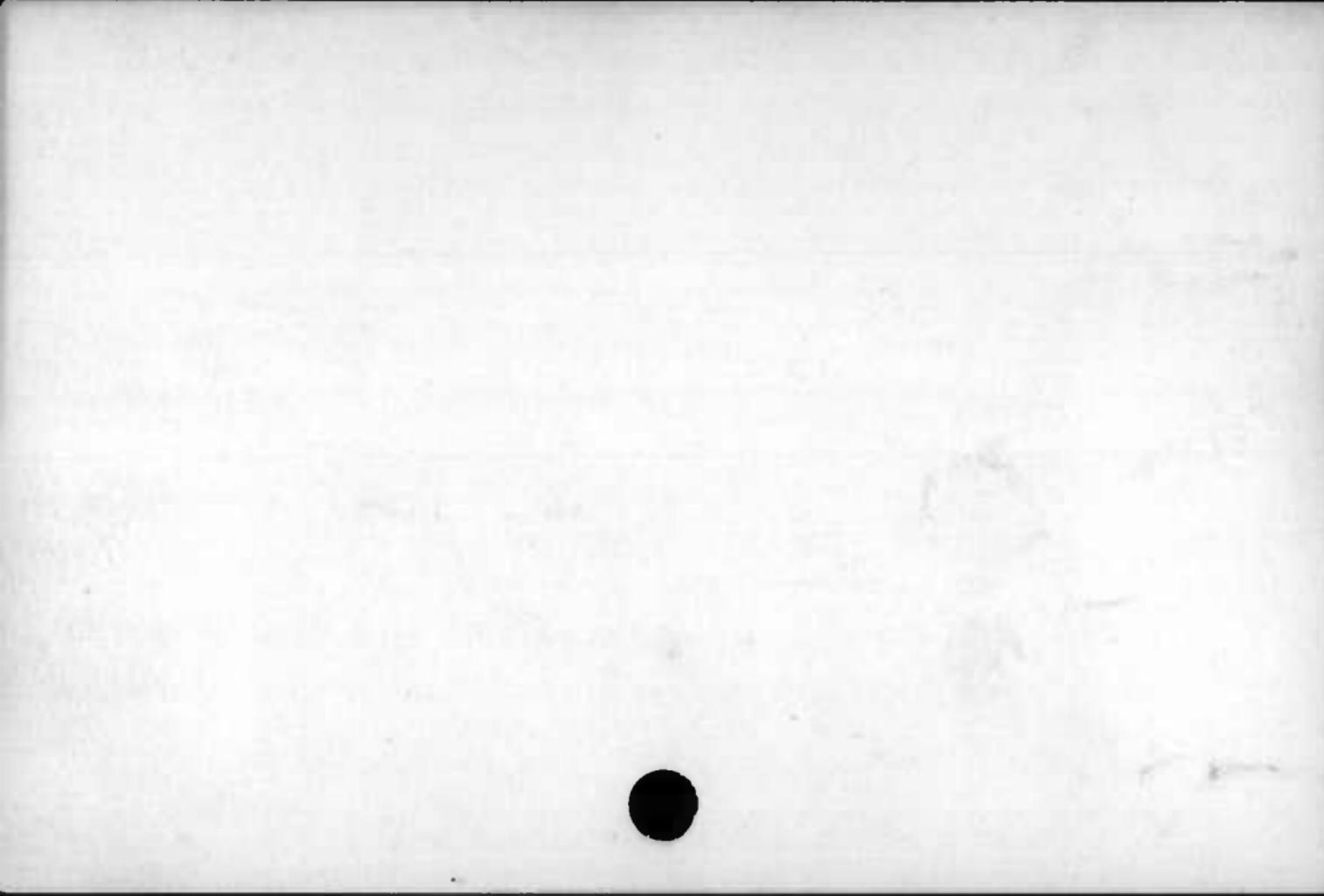
Signature of Physician

Address

W.H. Gibbons

Crown md.

Accident or Suicide?



Name
in
Full

Sarah E. Watson

CERTIFICATE OF DEATH

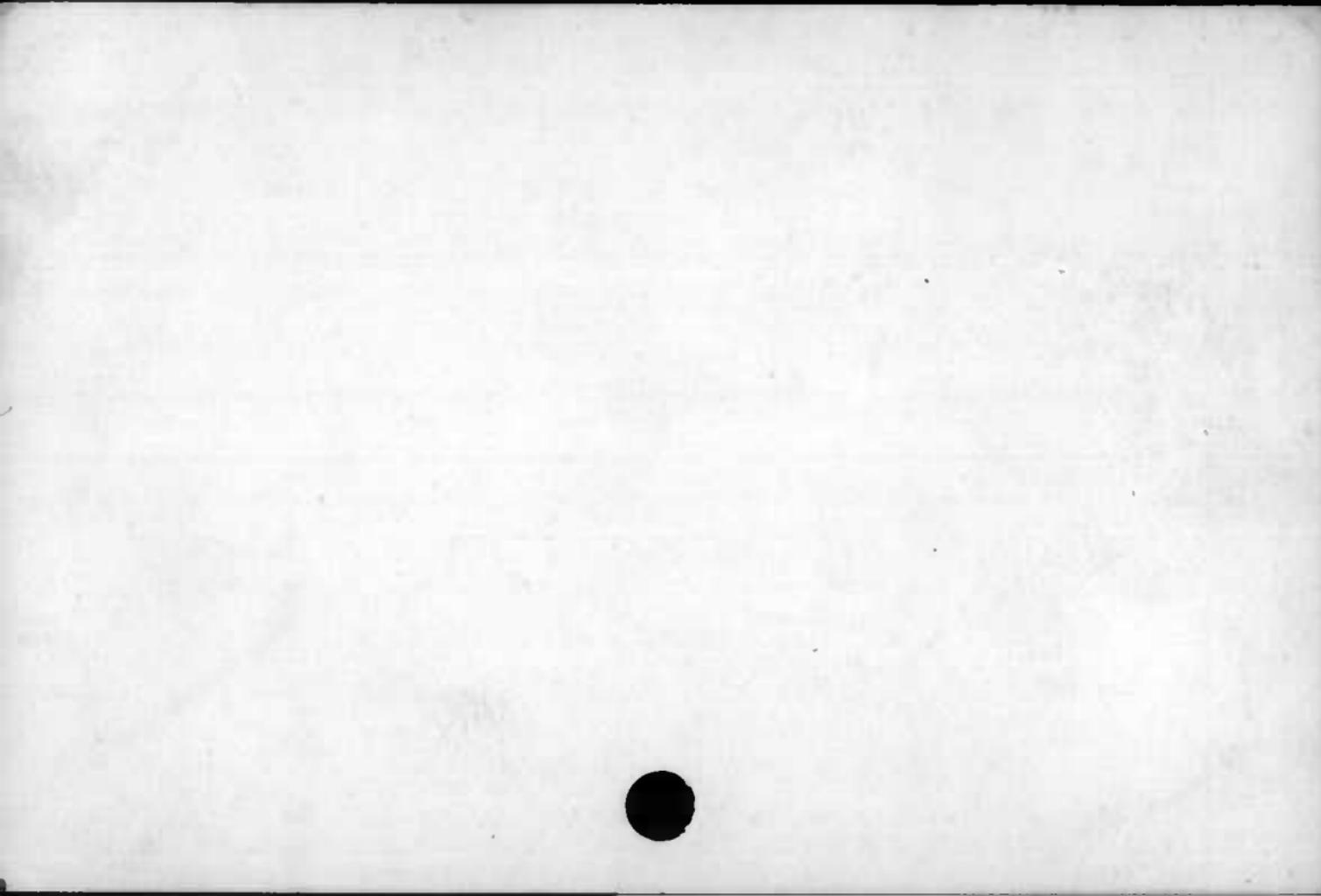
To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at <i>Bryne</i>	Dr. Gads				
Date of death <i>1908</i>	Month <i>July</i>	Day <i>28</i>	Years <i>84</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Aquasco Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Joseph Watson</i>				
Father's Name <i>David Young</i>	Father's Birthplace <i>Aquasco Md</i>				
Mother's Maiden Name <i>Mary M. Young</i>	Mother's Birthplace <i>-</i>				
Name of person giving Information <i>O. C. Watson</i>	How related to deceased <i>Grandson</i>				
CAUSES OF DEATH					
Primary <i>Phtisis Pulmonalis</i>	How long <i>Two yrs.</i>				
Immediate <i>Heart failure</i>	How long <i>3 mos.</i>				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Maryland Brown</i>				
	Address <i>Aquasco Md.</i>				

27

PHYSICIAN
OR CORONER

Primary <i>Phtisis Pulmonalis</i>	How long <i>Two yrs.</i>
Immediate <i>Heart failure</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Maryland Brown</i>
	Address <i>Aquasco Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Herviella Weast

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Name of Husband	John E. Weast.			—
Father's Name	James Campbell			Father's Birthplace	Ireland
Mother's Maiden Name	Angelina Tigwell			Mother's Birthplace	Virginia
Name of person giving information	Florence Thompson			How related to deceased	Sister

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pleurisy

How long

10 days

Immediate

Tuberculosis

How long

9 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. E. Danbury

Forestville

MD

Accident or Suicide?

neither



Name
In
Full

George White

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

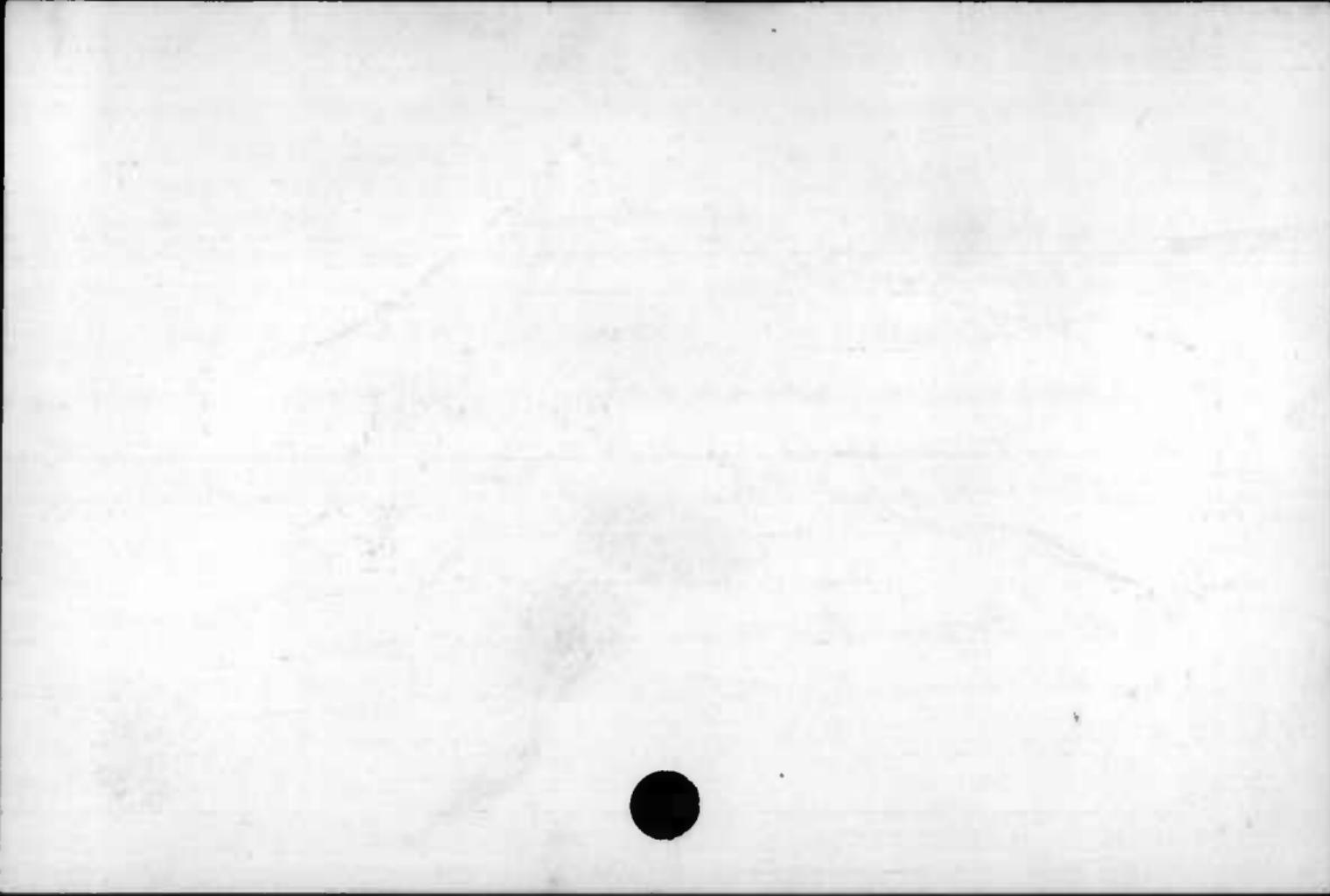
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Maria White		
Father's Name	Dont Know		Father's Birthplace	Dont Know	
Mother's Maiden Name	Dont Know		Mother's Birthplace	Dont Know.	
Name of person giving information	George Gray		How related to deceased	None	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Old age		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph Wighalsen act Coroner, Bowie Md
		Address	
Accident or Suicide?	No		



Name
in
Full

Louis Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

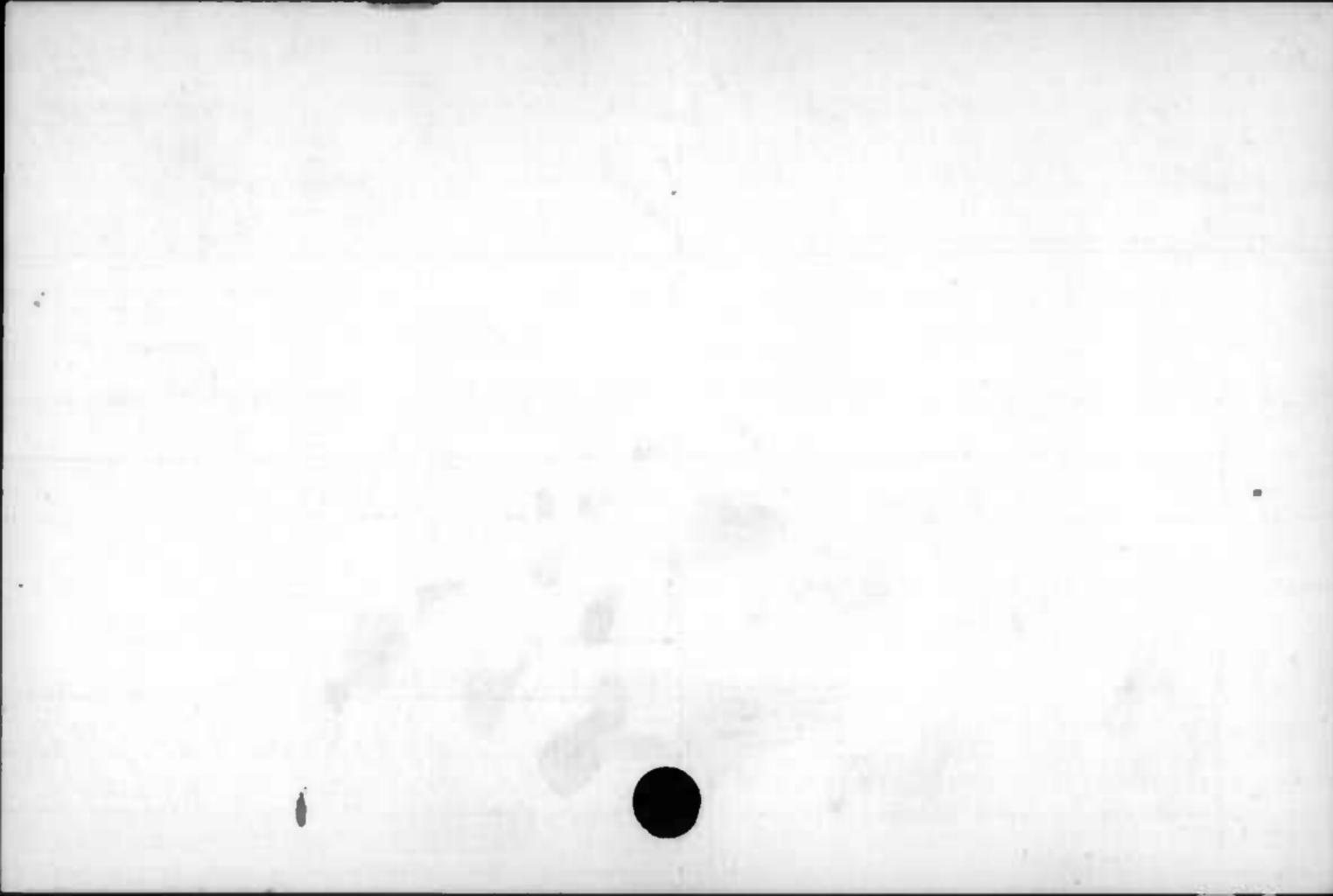
Town	Princ ^{Co} George		MARYLAND
Died at Mitchelvile,	Month	Day	Years
Date of death 1908	March	8th	Age 48
Sex Female	Color or Race	Where Residing if not at place of death	
Occupation Housewife			
Married, Single or Widowed	Name of Wife or Husband	Jacob Williams	
Father's Name	Samuel Greer	Father's Birthplace	Maryland
Mother's Maiden Name	Hurieta Oakley	Mother's Birthplace	Maryland
Name of person giving information	Robt Greer	How related to deceased	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis from lung	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Tom A. Woodroe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Forestville</u> Town		<u>Charles</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>mech</u>	Day <u>23</u>	Years <u>19</u>	Months <u>3</u>	Days <u>1</u>
Sex <u>male</u>	Color or Race <u>Colored</u>	Birth-place <u>md.</u>			
Occupation <u>Erased Boy.</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Clarence Woodroe</u>	Father's Birthplace <u>md.</u>				
Mother's Maiden Name <u>Amelia A. Berry</u>	Mother's Birthplace <u>md.</u>				
Name of person giving Information <u>Amelia A. Berry</u>	How related to deceased <u>mother</u>				
CAUSES OF DEATH					
Primary	<u>Overstrained heart.</u>				
Immediate	<u>Exhaustion.</u>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long	
				<u>Johnle Sausbury</u>	
				<u>Forestville</u>	
				<u>MD.</u>	

PHYSICIAN
OR CORONER

Accident or Suicide?

